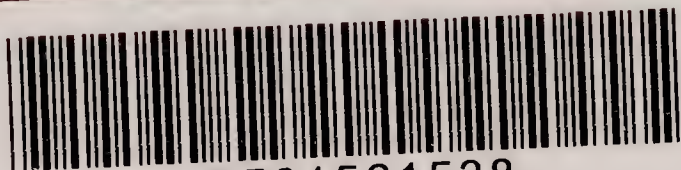


**GRAYLINGWELL HOSPITAL,**  
(WEST SUSSEX COUNTY MENTAL HOSPITAL)  
**CHICHESTER.**



*FIFTY-FIRST*  
**ANNUAL REPORT**  
1948



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FIFTY-FIRST  
ANNUAL  
REPORT

of

**GRAYLINGWELL HOSPITAL**

(WEST SUSSEX COUNTY MENTAL HOSPITAL)

**CHICHESTER**

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# The Visiting Committee.

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MR. D. BRYCE, O. ST. J.

MR. A. CAIRNS, (*Chairman*)

MR. H. H. CORDERY, B.E.M.

MR. R. B. FIELDING.

MR. G. W. F. HARE.

LT.-COL. G. B. KENSINGTON, O.B.E., O.ST.J.

MR. W. J. LANGMEAD.

MRS. M. E. LAWSON.

MR. N. LONGLEY.

MR. W. G. S. NAUNTON.

MRS. P. B. P. NAUNTON.

MR. P. A. NORMAN.

MR. W. D. PASSMORE.

## Sub-Committees.

---

### Farm and Grounds :

MR. R. B. FIELDING.

MR. P. A. NORMAN.

MR. W. J. LANGMEAD.

MR. W. D. PASSMORE.

### House and Stores :

MR. H. H. CORDERY, B.E.M.

MR. N. LONGLEY.

MRS. M. E. LAWSON.

MR. W. G. S. NAUNTON.

### Finance :

MR. D. BRYCE, O.ST.J.

MR. G. W. F. HARE.

MRS. P. B. P. NAUNTON.

LT.-COL. G. B. KENSINGTON, O.B.E. O.ST. J.

### Clerk to the Visiting Committee :

MR. E. C. ENGLAND, F.H.A.

### Treasurers :

BARCLAYS BANK LIMITED, EAST STREET, CHICHESTER.

\_\_\_\_\_

*Dermatologist* ..... COLIN JONES, M.B., B.S.

# OFFICERS.

<i>Medical Superintendent</i> .....	JOSHUA CARSE, M.D., D.P.M. (Hon. Consulting Psychiatrist to the Royal West Sussex Hospital, Chichester, Worthing Hospital and Horsham Hospital).
<i>Deputy Medical Superintendent</i> .....	M. B. BRODY, M.D., D.P.M. (Hon. Psychiatrist to the Royal West Sussex Hospital, Chichester).
<i>Director of Clinical Research</i>	ERWIN STENGEL, M.D. (Vienna), L.R.C.P. and S. (Ed.), L.R.F.P.S. (Glas.)
<i>Psychiatrists</i> .....	{ DAVID RICE, M.A., M.B., B.Ch., D.P.M. R. L. BUTTLE, M.R.C.S., L.R.C.P.
<i>Assistant Psychiatrists</i> .....	{ NYDIA E. PANTON, M.A., M.B., Ch.B., D.P.M. JOHN D. MORRISSEY, M.B., B.Ch. A. J. OLDHAM, M.B., B.S., M.R.C.S., L.R.C.P.
<i>House Physicians</i> .....	{ H. C. JAMES, M.B., B.S., M.R.C.S., L.R.C.P. M. SALZMANN, L.R.C.P., L.R.C.S., L.R.F.P.S. J. TOWERS, M.B., B.Ch.
<i>Psycho-Therapist (part-time)</i>	O. B. SHARP, M.B., B.S., M.R.C.S., L.R.C.P.
<i>Pathologist (part-time)</i> .....	A. KIRSHNER, M.B., Ch.B., D.T.M.
<i>Clinical Psychologist</i> .....	MOYRA WILLIAMS.
<i>Physio-Therapist (part-time)</i>	M. W. HARRY, M.C.S.P., M.E., L.E.T.
<i>Chaplain</i> .....	REV. J. C. SALISBURY.
<i>Chaplain, R.C.</i> .....	REV. J. P. HARTE, B.A.
<i>Chaplain, Free Church</i> .....	REV. P. J. SPOONER, B.D.
<i>Clerk to the Visiting Committee and Lay Administrator</i>	E. C. ENGLAND, F.H.A.
<i>Matron</i> .....	L. DE GRAS, S.R.N., R.M.N., S.C.M.
<i>Chief Male Nurse</i> .....	S. G. RICHARDS, R.M.N.
<i>Social Workers</i> .....	{ E. E. NEVELL. M. JOSEPHINE BUTCHER, Barrister at Law. N. G. COOK.
<i>Head Occupational Therapist</i>	M. THOMPSON, M.A.O.T., O.T.R.
<i>Chief Pharmacist</i> .....	JACK FLITCROFT, Ph.C., M.P.S.
<i>Senior Laboratory Technician</i>	H. A. SEYMOUR, A.I.M.L.T., M.R.I.P.H.H.
<i>Engineer</i> .....	J. C. CHYNOWETH, A.M.C.T. (Mech. Eng.)
<i>Farm Bailiff</i> .....	W. H. HIGGOTT.



WEST SUSSEX COUNTY MENTAL HOSPITAL

FIFTY-FIRST

Annual Report of the Visiting Committee.

To be presented to the County Council at their Meeting to be held on 23rd July, 1948.

1. STATISTICS.

Since the Report of the 29th May, 1947, the following numerical changes have occurred:—

		Certified			Voluntary			Temporary			Total		
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Admissions	...	54	102	156	133	259	392	—	1	1	187	362	549
Discharged	...	17	18	35	156	261	417	—	2	2	173	281	454
Transferred	...	—	2	2	—	—	—	—	—	—	—	2	2
Died	...	19	26	45	20	26	46	—	4	4	39	56	95

The total number of patients under treatment since the last report has been 1,637.

It will be observed that of the 549 patients who were admitted, 392 came on a voluntary basis, a percentage calculated on direct admissions, of 71.40.

The number and classification of the patients on the books of the Hospital this day are as follows:—

Charge-ability	Certified			Voluntary			Temporary			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
W. Sussex	205	355	560	119	207	326				324	562	886
Out-County	6	17	23	15	19	34				21	36	57
Service	21	—	21	5	—	5				26	—	26
Ex-Service	1	—	1	—	—	—				1	—	1
Criminal	1	—	1	—	—	—				1	—	1
Private	10	23	33	13	36	49				23	59	82
Brookwood Mental H.	—	33	33	—	—	—				—	33	33
Total	244	428	672	152	262	414				396	690	1086

## 2. FINANCE.

The Committee have examined the accounts of the Treasurer and of the Clerk of the Hospital in accordance with Section 173 of the Lunacy Act, 1890.

The maintenance rate was increased from 42/- per week to 52/6 per week as from the 1st April, 1947, and was subsequently reduced, by order of the County Council, to 21/- per week with effect from the 1st January, 1948.

The actual cost of maintenance rose from 39/9.5d. to 55/0.2d. per week.

## 3. TREATMENT.

In the absence of any rise in the incidence of mental illness, the inference which is drawn from the progressively increasing admissions rate is that the public are gradually becoming aware of the extraordinary progress which psychiatry has made in recent years and are evincing a greater willingness to take advantage of the many modern methods of treatment which they now know to be available. An indication of the effectiveness of these treatments may be gathered from the discharge rate of 77% for 1947, representing a total of 432 patients, of whom 283 had completely recovered from their illnesses and 149 were regarded as relieved.

The clinical and therapeutic activities of the Hospital are reviewed in considerable detail by the Medical Superintendent in his report which is appended and which will, the Committee feel sure, be of considerable interest and value both to Medical Practitioners and to laymen; a copy will, as was done last year, be sent to every doctor in the district.

The report is prefaced by a survey of the very comprehensive psychiatric service provided by this County and is of particular interest at this time when public attention is focussed upon the health services of the country in general; there is an especial need for the man in the street to be fully informed of the important contribution which psychiatry is making towards the promotion and maintenance of good health in the community, and the Committee earnestly hope, therefore, that the report will receive the widest publicity.

## 4. HEALTH.

The general health of both patients and staff has been good and no epidemics have occurred; this is very satisfactory and reflects the greatest credit upon the staff concerned.



## 5. MEDICAL STAFF.

An important function and, indeed, a responsibility of a Mental Health Service, is to institute research into the causation and the treatment of mental illness and it is, therefore, with considerable pleasure that the Committee report the inauguration of a Department of Clinical Research of which Dr. Erwin Stengel has been appointed Director.

Dr. Stengel has also undertaken the responsibility for the organised tuition of the junior medical staff, and in addition makes weekly teaching rounds of the Hospital at which the attendance of any Medical Practitioner in West Sussex is welcomed.

The Committee regret to report that ill-health caused Dr. Clifford H. Lee to relinquish his appointment after 19 years in their service.

Dr. M. S-M. Rayner, (Psychiatrist) left to take up the appointment of Deputy Medical Superintendent at St. Andrew's Hospital, Thorpe, Norwich, and has been succeeded by Dr. David Rice.

Amongst other changes which occurred were the promotion of Dr. Nydia E. Panton and the appointments of Dr. J. D. Morrissey and Dr. A. J. Oldham to the grade of Assistant Psychiatrist. The House Physicians, whose normal tenure of office is six months, are Dr. H. C. W. James, Dr. M. M. Salzmann and Dr. J. Towers.

## 6. CONSULTING STAFF.

The Committee report with pleasure that Dr. Ernest Jones, who is of international repute, accepted an invitation to join the staff as Consulting Psycho-Analyst.

## 7. STRUCTURAL.

As reported last year, application was made to the Minister of Health for his consent to the building of 24 cottages for the accommodation of staff; the Minister has now approved the erection of a total of 16 houses and it is hoped that work on the first 8 will commence in the very near future.

With the approval of the Minister, the part of the Farm House which until recently was occupied by a few male patients, is being adapted to provide an additional semi-detached house which will be used by a member of the medical staff.

The house adjoining the Convalescent Home at Worthing has been leased for a period of 21 years certain with an option to purchase for the sum of £7,500 exercisable during the first five years of the lease. The additional accommodation thus provided will enable the considerable advantages of rehabilitation, hitherto limited to women, to be extended to men. Statutory approval to the necessary adaptations and alterations has been given, and the work is to commence forthwith.

The shortages of materials has led to the temporary postponement of improvements which are planned, and have been approved, to the Junior Nurses' and the Domestics' living quarters, while the erection of three huts has been delayed for the same reason; two are required for Occupational Therapy purposes and the other for use as a Nurses' Lecture Theatre.

The general condition of the Hospital fabric is fairly good, but extensive reslating and repairs of a similar nature must be carried out immediately circumstances will permit.

## 8. SUPERANNUATION.

The following member of the staff has been granted a Superannuation allowance:—

Name	Position	Age	Total Service Years	Amount		
				£	s.	d.
Lee, Dr. Clifford H.	Assist. Medical Officer	51	19	286	0	10

The Committee regret to report the deaths of the following pensioners:—

George Latter, Hall Porter.  
Charles Pearce, Stoker.  
George Stares, Shoemaker.

## 9. OFFICIAL VISITS.

Two visits by Commissioners of the Board of Control were paid during the period under review; the first on the 28th May, 1947, was by C. F. Penton, Esq., and Dr. E. M. Butler, and the second by J. C. Rawlinson, Esq., and Dr. Isabel G. H. Wilson, on the 6th February, 1948. The reports which they made are appended and it will be seen that both are extremely favourable to the Hospital.



Dr. A. T. W. Forrester visited the Service Patients on behalf of the Ministry of Pensions on the 13th November, 1947. and again on the 11th May, 1948.

The Panel of Visitors, appointed by the West Sussex County Council under Section 201 of the Lunacy Act, 1890, made the following report on the occasion of their last visit :—

“The Panel of Visitors visited this Hospital on Friday, 17th October. They were received with cordiality by Dr. Carse and the Staff and were greatly impressed by the explanations given them of the methods adopted for treatment and cure of the patients, and by the high percentage of cases cured. The Hospital wards and departments were visited and the happy attitude of the patients and the many activities provided for them left a deep impression on the minds of the Panel.

The approaching handing over of the Hospital on July 5th, 1948, impels the Visitors to express their regret at the severance of the Hospital from the activities of the County Council and to put on record their pride as Members of the Council, that such an outstanding curative institution has grown up under the fostering care of the Council.”

## 10. FARM.

The farming operations of the Hospital have maintained their usual high standard ; particular reference should be made to the Dairy Herd of Shorthorn Cattle which was registered as an Attested Herd on the 3rd January, 1948, and which has recently gained second place out of 97 entries in the National Milk Records Scheme for West Sussex.

Plans are now in course of preparation for the erection of new Farm Buildings which are very urgently required.

## 11. GENERAL.

The report of the Medical Superintendent with certain statistical tables for the year ended 31st December, 1947, and the financial accounts made up to the 31st March, 1948, are appended.

The Committee are able to report favourably on the management and care of the patients, and the conduct of the Officers and Staff has been satisfactory.

On the 5th July, 1948, the entire resources of the Hospital are to be taken over by the Minister of Health, and its future administration entrusted to a Management Committee appointed in pursuance of the provisions of the National Health Service Act, 1946. The names of those who will serve on the new

Authority are yet to be announced, but at the time of writing this report, it appears likely that there will be a goodly representation of members of the present Visiting Committee, which will ensure a degree of continuity in general administration.

The Management Committee will succeed to a Hospital which rightly enjoys a high reputation in the Country, and of which the Visiting Committee are extremely proud. They are deeply conscious that so large a measure of success could not have been achieved without the co-operation and loyalty of all the Officers and members of the Staff, and in taking official leave of them, the Committee desire publicly to express the thanks and appreciation which are their due.

In particular, the Committee wish to pay special tribute to the work of Dr. Joshua Carse, their Medical Superintendent during the past ten years; it is largely due to his inspiration, enterprise and indefatigable efforts that such exceptional progress has been made possible and the Committee have no doubt that, with his valuable assistance and expert advice, the psychiatric service of this area will continue to develop and expand.

Signed on behalf of the Visiting Committee at a Meeting held on the 27th day of May, 1948.

ANDREW CAIRNS,  
*Chairman.*



# **ANNUAL REPORT OF THE MEDICAL SUPERINTENDENT.**

West Sussex County Mental Hospital,  
Graylingwell, Chichester.

29th APRIL, 1948.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the Fifty-first Annual Report of your Hospital for the year ended the 31st December, 1947, together with an account of its extra-mural services.

## **INTRODUCTION.**

During recent years, a comprehensive psychiatric service has gradually evolved which is now available to anyone in the County with the minimum of formality. The success of this service, however, depends entirely on the understanding and co-operation of the general public, for all the time emphasis must be placed on early treatment and advice. It is not suggested that everyone should become a psychiatrist, nor indeed that everyone is in need of the services of a psychiatrist. It is reasonable to expect, however, that everyone should take an interest in this speciality because of the contribution it makes towards good health.

Much has already been done by lectures, talks, articles in the press, etc., to inform the public, but there is abundant evidence to show that there are still too many people completely ignorant of what psychiatry is and does. Unfortunately, these people are not only ignorant, but usually they have an unreasonable and blind prejudice against psychiatry, which they regard as being synonymous with the "looney-bin," and they thereby undermine much of our work and deter many from seeking advice. In view, therefore, of the publicity which this report receives, it seems to me that a short general survey of the scope of psychiatry would be opportune.

Like all other health services, psychiatry has three chief aspects, prevention, treatment and after-care.

The causes of mental illness are many and varied, and often there is not a single factor but a complexity of factors in operation. In most cases, moreover, the causes have been at work long before the illness becomes apparent. Preventive measures, therefore, must be varied too, and generally of the long term variety.

Heredity is important. The members of a family which for some generations has been free from psychiatric disorders are likely to be tougher and more robust than those people who come from less stable families. Poor or bad stock is undoubtedly a factor in the causation, or at least the proneness to mental and nervous disorders, but it is only one factor and not the whole answer to the problem, and any glib recommendations such as "sterilise the lot," is just arrant nonsense. All married people should consider their family history before the question of children is entertained and if in doubt advice should be sought. But let no one be too despondent because members of his family have succumbed to mental illness, for many outstandingly brilliant people, who have been of great service to humanity, have come from such families.

It will also be understood that sociological evils such as poverty, bad housing, alcoholism, venereal disease, illiteracy, etc., are likely to affect the incidence of psychological illnesses considerably. At the best of times, man is very much at the mercy of his environment and where this is persistently unhappy or unhealthy it will inevitably leave its mark. Correction of these evils would assuredly lessen the work of the psychiatrist.

Man being psychologically constituted as he is, it follows that when he is put to work for which he is unsuited and which he actively dislikes, if he does nothing about it but tamely submits, he will not only be a bad workman, but may in due course develop a neurotic illness or even a complete breakdown. What is called vocational guidance, therefore, is an important preventive measure which unfortunately is not sufficiently used. It is well known that much absenteeism and sickness, due to vague and mysterious ailments, are caused by men and women being in the wrong jobs. These same people might have been healthy and productive members of the community if they had been engaged in suitable employment.

Particularly tragic examples of the lack of vocational guidance are seen in the families of certain otherwise worthy parents. By hard work, self-denial, and ruthless determination, these parents have themselves triumphed over poverty and all other obstacles and have, they believe, risen in the social scale. I have known of many cases, however, where these proud and ambitious parents, determined that their sons and daughters shall "get on" in the world, have compelled them to take up careers for which they were entirely unsuited. The results have been catastrophic—some developed into neurotic wrecks and others have had schizophrenic mental breakdowns. This is not



intended to discourage ambition or efforts to improve oneself, but the aggression and iron self-discipline of the parents is not necessarily present in the children, and if they had not been forced to attempt a rate of progress and betterment beyond their capacity, these tragedies might have been avoided. In this respect, it is interesting to recall that in Lancashire there is an old saying, "Clogs to clogs in three generations."

Marriage guidance is another method of preventing psychological ill-health. Where the co-operation of the persons concerned can be gained, valuable advice can be given about sex, children, the necessary adjustment of personalities, how to avoid some of the common difficulties and problems of married life, and many other important subjects. This is very profitable work, for everything which helps to make a happy domestic life will increase the resistance to nervous ailments. Valuable work is also done where, after some years, a serious rift has developed in the married life. Sometimes after frank discussion it is found that the trouble is due to causes which can be corrected, common among which is a tendency for one partner to dominate or submerge the personality of the other. This always leads to trouble sooner or later and here the psychiatrist is able to assist in making a fresh adjustment. Unfortunately in some cases the cause of the breakdown is due to the complete unsuitability of the partners—intellectually, temperamentally, and physically. In these cases, while the solution appears obvious, it is by no means as simple as it looks; separation or divorce involve too many other considerations for them to be lightly undertaken. Always, however, the final decision must be made by the people concerned; all that the psychiatrist can do is to bring all the facts out into the open and on a conscious level. This procedure alone is worth while for the husband and wife often experience great relief in being able to discuss their problems intelligently and as far as possible unemotionally, with an unbiassed but sympathetic and understanding third person, instead of bottling up their feelings and drifting into a neurotic state of health.

Probably our most important preventive measure, however, is through Child Guidance. The desirability of helping a child through the various critical stages of his development is apparent to everybody. What is perhaps not so well known, however, is that most of the nervous illnesses of adult life have their origins in early childhood, so that Child Guidance not only assists a young child to be happier, healthier, and more productive, but it also helps him to develop a stable, robust

psychological constitution which is much less prone to succumb to neurotic ailments.

The above activities give some idea of the more positive aspects of psychiatry. They represent the principal methods employed to prevent psychological illness and to assist people to make a healthy adjustment to ordinary life. Advice on these matters can be obtained through the Out-patient Clinics.

Treatment in psychiatry has been revolutionised during the past twenty years. When applied to recent conditions, the results are very favourable indeed and are comparable with those obtained in any other branch of medicine. Also, much more can now be done for the major mental disorders, and even in some chronic and previously regarded as hopeless cases dramatic recoveries have been brought about. There still remain, however, a number of patients who do not respond to treatment and who, unless further discoveries are made, must be regarded as incurable. Accent must continue to be placed unceasingly, therefore, on the importance of treatment at the earliest possible moment. It is the ordinary person with early premonitory symptoms we are so concerned about, for the chronic irrecoverable patient who is doomed to remain in hospital for life was once just such an ordinary person and he might have been rescued if he had had the benefit of prompt treatment at the onset.

This urgency for early treatment is being appreciated by the general public, for today the great majority of our patients, both in the hospital and extra-murally, are ordinary citizens who are fully aware of their disability and are only too anxious to co-operate in their treatment. It is grossly unfair, therefore, to look down upon and stigmatise these patients as irresponsible lunatics. Those superior people who do so should remember that there is no guaranteed immunity from a psychological illness, and given sufficient stress and strain anyone is liable to crack. *Verb sap.*

Having gained the co-operation of the public, therefore, it is our job to see that adequate treatment is made easily available under the best possible conditions. To provide such a service, medical, nursing, and ancillary specialists are necessary, and while each has his own particular field of work, their efforts are closely co-ordinated and the staff work together as a team. For convenience, extra-mural and hospital activities are described, but the service actually works as a whole and any or every part of it is at the disposal of a patient whether he be in hospital or an out-patient.



The most important of all the extra-mural activities is the Out-patient Clinic. Here the first contact is made with ordinary people who need advice on some psychiatric problem or who are worried about the state of their nerves. Instead of dragging along and hoping for the best, and in the process usually deteriorating, they can attend one of the Clinics, which in West Sussex are departments of the General Hospitals at Worthing, Chichester and Horsham, and receive advice and treatment with the minimum of inconvenience and interference with their everyday life. In addition to the psychiatrist, a trained Social Worker is in attendance who not only provides the essential information necessary for the true assessment and diagnosis of the condition, but gives practical assistance to the patient in solving urgent problems and in making social adjustments. Facilities are also available for any special investigation considered necessary, and where required certain of the recent active treatments can be given. Always, however, the aim is to keep the patient out of hospital.

Almost all patients who attend out-patient clinics have difficulty in social relationships. Sometimes the illness springs from excessive shyness or inhibition, or feelings of inferiority. In other cases social relationships become difficult as a result of the illness. The claustrophobic, for example, has a miserable existence. Owing to his fear of closed spaces he dreads travelling by bus or train, the cinema terrifies him, in the end he may not even feel comfortable in his own rooms. He goes nowhere and meets no-one. Once cut off from social relationships, the patient is thrown back on himself with inevitable brooding and increase of symptoms. One means of combating this situation is through the therapeutic social club—a club specially run for patients. Not only does every member feel safe there, knowing that he has understanding companions, but also the club's activities are so organised that every member plays a useful, therefore rehabilitating, role. The activities of the clubs range from light entertainment and competitions to serious discussions and lectures. Music, painting and other occupations are encouraged. The clubs are organised by the patients themselves, but a psychiatrist or social worker always attends, thus unobtrusively ensuring that the therapeutic purpose is achieved. One of these clubs was opened in Chichester at the beginning of this year and has proved extremely popular. Arrangements are now complete for a similar club in Worthing and this will be opened next month. Already the combined efforts of the clinics and the clubs have helped many patients to regain their health and to "live" again in the fullest sense of that word.

Another extra-mural activity which is proving of practical value is Court Psychiatry. In some of the difficult cases appearing before the Bench, a psychiatric examination and report is of great assistance to the Court, for the problem may not be the comparatively simple one as to whether or not the offender is fit to plead, but whether the offence itself is the result of some mental disorder or psychological abnormality. In these cases, punishment is not likely to be of avail, and true justice requires that not only shall society be protected from such people but that the offenders themselves shall have the treatment they obviously need. In this respect we have been able to be of assistance.

In addition to providing a consultant service for General Hospitals, regular visitation of the Public Assistance Institutions is needed. These institutions render a valuable service to the community in caring for the homeless, friendless, and senile patients. In these days they are usually understaffed, overcrowded, and generally working under difficulties, but despite all this the patients are well looked after and there is an atmosphere of humanity and kindness. For this, great credit is due to the staff, and it is through their willing co-operation that the psychiatrist is able to give helpful advice on the management and treatment of certain types of patients and where indicated he is able to arrange for the transfer to this hospital of suitable cases likely to benefit from special treatment.

Turning now to in-patient treatment, it should be said at the outset that during recent years a gradual but complete re-orientation of hospital practice has become necessary. There are two main reasons for this; first, the advances made in psychiatric treatment, and second, the willingness of patients to co-operate at an early stage in their illness. The great therapeutic advances which have taken place are all due to the painstaking research which for many years has been going on in hospitals and clinics the world over. The results of this work are seen in the improved and new forms of psychotherapy and in the many active physical treatments now available. As has already been said, therefore, the prospects of recovery from psychological illness—both recent and chronic—are undoubtedly greatly enhanced. Perhaps the greatest advance is seen, however, in that considerable group of disorders which, with time and routine hospital management, tend to recover spontaneously. Formerly these patients may have required 6 to 12 months' stay in hospital, whereas now with treatment the duration is often reduced to less than half that number of weeks. Because



of this improvement in treatment and their better understanding of the aims of psychiatry, patients are seeking our advice and help much earlier than formerly. During the last three years, about 90% of the large number of patients coming to this Hospital have received treatment as voluntary patients. This means that they have asked to receive the treatment which they know they need and they have voluntarily come to hospital for this express purpose. These patients, therefore, are ordinary people who are keenly appreciative of their surroundings, they very properly resent being subjected to humiliating and irritating restrictions and regulations, and above all they object to being regarded as insane. The practice, therefore, has been to give them the same status and conditions as they would receive in any general hospital. This has been deeply appreciated for it has made the sojourn in hospital more pleasant and has rendered treatment more effective.

A constant result of all forms of research, however, has been to emphasise the need for treatment of the individual as well as the disease, for the majority of psychiatric illnesses are due to failure on the part of the patient to make a healthy adjustment to the realities of life, the illness being only the manifest evidence of this failure. It is not enough to remove the immediate symptoms, but some attempt must be made to find out the cause of the illness and, if possible, to deal with it. Investigation, therefore, properly assumes a place of paramount importance: searching examinations must be made into the physical, psychological and social life of the patient, for in any or all of these may be found the factors responsible for his inability to stand up to the stress and strain of life, and for his succumbing to his illness.

Because it is the individual we are treating as well as his illness, the hospital patient needs social therapy even more urgently than the patient attending the clinics; not only has his capacity for social life been completely disorganised by his illness, but it is vitally important that during his stay in hospital he shall be encouraged to take part in recreational and occupational activities. In a General Hospital, the patients spend most of their time in bed either acutely ill or under active treatment so that their opportunities for taking part in any organised social therapy are restricted. Even in these hospitals, however, the need for diversional occupations is being appreciated and where this need has been met, it has been found that the morale of the ward has improved and the response to treatment has been speedier and altogether more satisfactory.

In a psychiatric hospital, very few patients are in bed (less than 5%), and the activities of the whole day, therefore, have to be organised. Treatment can take up only a small portion of the time and unless special arrangements are made the patients drift into a bored, despondent and introspective frame of mind which militates against recovery. Here then is seen the value of social therapy, for it not only enlivens the atmosphere of the hospital and is a valuable adjunct to special treatment, but helps to rehabilitate the patient so that when he leaves hospital he is in every way fit to take his place in the community.

Social Therapy in the hospital includes provision for spiritual exercise, occupation, and physical and intellectual recreation. Under these headings are a great variety of activities supervised by trained staff; their time and efforts are well spent, however, for they are largely responsible for the air of brightness, hopefulness and activity which has become such a noticeable feature of modern hospitals, and they have their final reward in knowing that they have played a big part in helping the timid, shy and reserved patient to leave the hospital full of confidence and determination.

After successful hospital treatment it is desirable for the patient to have a period for convalescence before taking up once more all the responsibilities of modern life. West Sussex is particularly fortunate in having an ideal centre for this purpose at Worthing and it is our opinion that this gradual transfer from hospital to home lessens considerably the tendency to relapse. Nor does the story end there. We like to keep in touch with our patients and we are happy to say that patients like to keep in touch with us. Follow-up visits are paid by the social workers both to homes and places of employment whenever necessary, so that every possible obstacle to the patient's progress is smoothed. Such visits are even more important these days in order to assess the distant as well as immediate results of modern treatments. It is on these and similar vitally important practical problems that research is being pursued by the hospital staff.

The above account, it is hoped, gives some indication of the wide scope of psychiatry. In fact, there appears to be little which escapes the attention of this speciality and this is understandable when it is remembered that it is closely concerned with everything which has a bearing on the maintenance of a good standard of health in the individual and in the community. There is no suggestion here, of course, that the psychiatrist is the answer to every prayer, nor does he claim infallibility, but



there is no doubt that he has a definite contribution to make. In this fast moving modern age, life is very complicated and it needs a high standard of physical and psychological fitness to stand up to it. Psychiatry is able to assist in many respects in maintaining this high standard of health.

## A. EXTRA-MURAL PSYCHIATRIC SERVICES.

### 1. OUT-PATIENT CLINICS.

The clinics are held at 2.30 p.m. on Mondays at Horsham Hospital, Tuesdays at the Worthing Hospital and Thursdays at the Royal West Sussex Hospital, Chichester. Details of the attendances during 1947, are shown below:—

			New Patients	Other Attendances	Total Attendances
Worthing...	...	...	190	615	805
Chichester	...	...	178	486	664
Horsham	...	...	100	134	234
			468	1235	1703

The above figures need little comment for they indicate unmistakably how great is the demand for out-patient treatment. Almost every variety of psychiatric disorder was encountered and advice on many psychological problems was given.

The psychiatrist in charge of the clinic usually has accompanying him an assistant psychiatrist and a house physician. This is for the purpose of providing continuity of treatment for those patients who may subsequently require in-patient treatment at Graylingwell. It also gives an opportunity to the house physician to gain experience of the psycho-neuroses and clinic practice generally—a valuable part of his training. Whenever required, of course, the patient is able to have a private and confidential discussion with the senior member of the staff alone.

Seventy-one out-patients visited Graylingwell Hospital for special physical investigations. In 52 cases, electric convulsant therapy was given for the relief of depression. Since August, 1942, 307 out-patients have received this treatment.

Another physical treatment which can often be used with benefit in the clinics is Modified Insulin. With the co-operation, of the staff of the Royal West Sussex Hospital, Chichester,

therefore, Dr. Brody has been able to arrange for suitable cases to receive this treatment as out-patients.

Special arrangements were made for selected cases to receive prolonged psychotherapy from Dr. Olive Sharp.

**Method of Referral.**—Appointments for new patients can be made by application to the Almoner of the Hospital they wish to attend.

## **2. SOCIAL SERVICE.**

The psychiatric social workers continue to render valuable, often indispensable, service in the out-patient departments. The information they collect from relatives and friends is perhaps even more necessary for out- than in-patients, for on the latter, the doctor has the benefit of the results of observation on the wards. The social workers also perform for out-patients the same services as for in-patients in the way of home visits, follow-ups, practical help in labour problems, etc. In many cases, a major treatment consists of adjusting environmental conditions, for example, the patient's employment. Such tasks the social worker can tackle unaided, under the doctor's general direction, by reason of her training and the contacts which her office gives her.

Reference has been made in the introduction to therapeutic social clubs. The Chichester club, opened early in 1948, has been pleasantly named by the members, "The Concord Club." Admirable premises have been obtained, and despite current shortages, the club has been well equipped for little cost. The average attendance is 25, which is ideal, for with a larger number, intimacy tends to be lost, and with a smaller, esprit de corps is not so easily stimulated. An excellent start has been made and the enthusiasm of the members augurs well for the future.

## **3. CONSULTANT SERVICE.**

In each of the three hospitals where clinics are held, the psychiatrist in charge is always available for consultation for in-patients.

On request, visits are made to St. Richard's Hospital, Chichester. During 1947, Dr. Brody examined and reported on 31 cases.

Friendly liaison has been maintained with Roffey Park Rehabilitation Centre and from time to time, we have been able to assist by receiving patients here for special treatment.



Weekly visits are paid to the Public Assistance Institutions at East Preston and Midhurst. This service has been much appreciated by the staff of the Institutions, for the psychiatrist has been able to give helpful advice on management, occupation and treatment. Where patients have been found to be suffering from psychiatric disabilities likely to benefit by special treatment, arrangements have been made for their transfer to Graylingwell.

#### **4. THE COURTS, POLICE and PROBATION OFFICERS.**

In the introduction to this report, I have already given some indication of the value of this part of our work. With the willing co-operation of the Courts, Police and Probation Officers, therefore, arrangements have now been made whereby a psychiatrist is available to examine and report on suitable cases. This assistance has been welcomed and is being frequently used. Where indicated we have been able to help in the subsequent disposal, working in collaboration with the Probation Officers.

#### **5. CHILD GUIDANCE CLINICS.**

Although this service is an important branch of Psychiatry and therefore could properly be under the control of the Visiting Committee of this Hospital, in West Sussex it is administered by a special Composite Sub-Committee of the County Council. By this means it is hoped that the parents will be reassured that the children attending the clinics are not being regarded as "mental." In addition, a composite committee gives an opportunity for representation of all sections of the Local Authority having to do with children, young people or psychiatry. It consists, therefore, of two members from each of the following four Committees: Education, Maternity and Child Welfare, Probation, and the Visiting Committee of this Hospital.

To cater for the needs of this County there are full-time clinics at Worthing, Chichester and Horsham, each clinic being staffed by a psychiatrist, psychologist, social worker and secretary.

West Sussex is making a determined effort, therefore, to ensure that the psychological health of the children shall have every care and attention. The response by the public has been more than satisfactory and there is every indication that the clinics will fulfil all expectations.

## B. GRAYLINGWELL HOSPITAL.

### 1. ADMISSIONS.

A comparison of the number and status of the patients admitted direct to the hospital during 1946 and 1947, is given below :—

	1946			1947			
	M.	F.	T.	M.	F.	T.	Increase
Voluntary	139	228	367	150	234	384	+17
Temporary	—	1	1	—	3	3	+ 2
Certified	66	92	158	70	104	174	+16
	205	321	526	220	341	561	+35

For the fifth year in succession there has been an increase in the number of admissions to the hospital. This confirms the remarks made earlier in this report that there is a greater willingness on the part of the public to take advantage of the facilities for treatment, for we have found no evidence that there is any grave increase in major psychiatric disorders.

The average age on admission was 49.3 years, while 123, or 21.9% were aged 65 or over.

69% of the total direct admissions were voluntary or temporary patients. Of the 174 patients classified as certified, however, 156 were admitted under Urgency Orders—an order authorising removal but lasting only 7 days. Of these, 4, who were seriously ill on admission, died within seven days, 8 left at the expiration of the Order, 13 were regraded as temporary patients, 112 continued treatment as voluntary patients, and in only 19 cases was it necessary to proceed with full certification. In practice, therefore, 512, or 91.2% of the patients admitted during 1947, received treatment as either voluntary or temporary patients.

### 2. INVESTIGATION.

Before treatment is undertaken, an accurate assessment of the patient and his condition must be made and whenever possible a precise diagnosis reached. This is often a difficult and lengthy procedure and in addition to a searching psychological and physical examination, requires the assistance of the Social Worker, the Laboratory and the Specialist.

**Psychiatric Social Worker.**—The duties of the Social Worker in respect of patients in the hospital can be grouped under three



headings. First, to provide the information necessary for a correct understanding of the patient. This entails visiting the patient's house and obtaining a detailed history of the patient himself, his illness, his family, his home, his social life and any other relevant matter. Like everything else in psychiatry, this is highly confidential work and all information entrusted to us is very carefully safeguarded. The knowledge is essential, however, for without it we would often be working in the dark.

Second, the Social Worker maintains contact between the patient and his home. Quite understandably, many patients in hospital become extremely anxious and worried about the domestic, financial and many other problems which inevitably accumulate while they are away from home. By personally attending to these difficulties, the Social Worker relieves the anxiety of these patients with a noticeable improvement in their response to treatment.

Third, the rehabilitation of the patient on leaving Hospital is largely the concern of the Social Worker. She helps to place him in suitable employment, when necessary finds accommodation, an extremely difficult matter these days, and by follow-up visits is able to give that friendly help and advice which means so much to one who is trying to get established in life once more.

Mrs. E. E. Nevell continues to devote her time to Worthing and its environs, where more than half the patients admitted to Graylingwell have their homes. She also attends the Worthing Clinic. Miss M. J. Butcher, who was appointed to the staff in September, 1947, in place of Mrs. Smith, who left to take up another post, attends the Chichester and Horsham Clinics and investigates the patients admitted to hospital from those areas.

**Laboratory and X-Ray Department.**—This department had, as usual, an extremely busy year. All new patients were subjected to routine systematic laboratory and X-Ray investigations—a long established practice in this hospital, which we believe to be indispensable if diagnosis is to be accurate and physical treatments are to be administered with safety. In addition, assistance was given in the prompt diagnosis and treatment of intercurrent illnesses, while as already reported, 71 out-patients had laboratory and X-Ray investigations made in the course of their special physical examinations.

The following table gives some details of the work done during 1947:—



**Blood :**

Kahn	..	..	..	..	..	..	869
Counts (including Hb. and differential)	..	..	..	..	..	..	858
Urea	..	..	..	..	..	..	707
Sedimentation	..	..	..	..	..	..	1364
Bromide	..	..	..	..	..	..	656
Fasting Sugar	..	..	..	..	..	..	629
Sugar tolerance curves	..	..	..	..	..	..	28
Culture	..	..	..	..	..	..	1
Van den Burgh	..	..	..	..	..	..	2
Malaria Parasites	..	..	..	..	..	..	12
Widal (Typhoid and Dysentery)	..	..	..	..	..	..	818
Cholesterol	..	..	..	..	..	..	10

**Cerebro-Spinal Fluid** (complete examination) .. .. 113

**Urine :**

Routine	..	..	..	..	..	..	2565
Culture (Typhoid, Dysentery, etc.)	..	..	..	..	..	..	618
Urea	..	..	..	..	..	..	15
Bile	..	..	..	..	..	..	7
Tubercle bacilli	..	..	..	..	..	..	77

**Faeces :**

Culture (Typhoid, Dysentery, etc.)	..	..	..	..	..	686
Occult blood	..	..	..	..	..	17
Tubercle bacilli	..	..	..	..	..	104
Worms and Ova	..	..	..	..	..	2

**Sputum :** Tubercle and other organisms .. .. 91

**Nasal and Throat Swabs :** Diphtheria, etc. .. .. 81

**Fractional Test Meals** .. .. 13

**Water :** Bacteria, etc. .. .. 22

**Miscellaneous** .. .. 114

**Electro-cardiographs** ... .. 37

**X-RAY DEPARTMENT.**

Number of Patients X-Rayed				..	..	..	..	900
Chest	..	..	405	Knee	..	..	..	12
Spine	..	..	159	Ankle	..	..	..	10
Sinuses	..	..	28	Foot	..	..	..	23
Humerus and Shoulder			37	Skull	..	..	..	77
Elbow	..	..	6	Abdomen	..	..	..	6
Radius and Ulnar		..	7	Gall Bladder	..	..	..	3
Hand	..	..	22	Pregnancies	..	..	..	1
Wrist	..	..	30	Kidney	..	..	..	1
Ribs	..	..	6	Barium Meals		..	..	18
Pelvis	..	..	1	Barium Enemata		..	..	4
Femur and Hip		..	33	Dental		..	..	9
Air Encephalographs	..	..		..	..	..	..	13

**Consultant and Specialist Services.**—The Consultant Physician gave valuable assistance in the diagnosis and treatment of difficult cases.

The visits of the recently appointed Consultant Psychoanalyst have been greatly appreciated and it has been a privilege to have the benefit of his vast experience in psychotherapy.

The Consultant Surgeon attended each week. During 1947 he performed 29 major and 22 minor operations.

The Radiologist visited the hospital each week.

The Pathologist spends two days each week in the hospital, supervising the work of the laboratory and the post-mortem room.

The Ear, Nose and Throat Surgeon held a fortnightly clinic. A routine examination of all new patients was made with special reference to focal sepsis. Where necessary, treatment was prescribed, and in two cases tonsillectomy was performed.

The Ophthalmologist attended on request. During 1947, he examined 27 patients, (M. 14, F. 13).

The Dermatologist visited when required. Last year he examined 34 patients. (M. 14, F. 20).

The Dental Surgeon conducts a clinic each week. All patients in the hospital who are well enough to attend now have at least one routine inspection a year. Teeth are extracted where necessary, but increasing emphasis is being placed on conservative treatment. In addition, all new admissions were examined, again with special reference to sepsis. During 1947, 1,143 patients, (M. 497, F. 646), visited the clinic.

### 3. TREATMENT.

**Psychotherapy.**—This form of treatment continues to occupy a large part of the time of the medical staff. The many physical treatments now at our disposal are often dramatic in the way in which they relieve distressing symptoms. As mentioned earlier in this report, however, the removal of symptoms alone is not enough and some attempt must be made to treat the patient himself if a relapse is to be avoided. This is particularly true in reactive conditions. Some patients, therefore, require in addition a prolonged course of psychotherapy, but always there is need for explanation, re-education, and rehabilitation. In the treatment of the neuroses, psychotherapy is the only satisfactory method, for it is our experience



that, in general, the more drastic forms of physical treatment are contra-indicated.

Dr. Olive Sharp devotes two-and-a-half days a week to this treatment, and in selected cases she also undertakes deep analytical psychotherapy.

**Electric Convulsant Therapy.**—During 1947, 212 patients, (M. 64, F. 148), had the benefit of this form of shock therapy. The main indication was severe depression, in the relief of which very satisfactory results were obtained. The arrangements for giving this treatment have been revised with special reference to the comfort of the patients. We have found that there are many advantages in administering it in the evening. E.C.T. also brought about improvement in a number of dull, stuporose patients.

**E.C.T. with Curare.**—Curare premedication, by paralysing the muscles, almost eliminates the violence of the induced convulsion and thereby allows E.C.T. to be given with good results to patients urgently in need of it but who previously were debarred from this treatment owing to physical disabilities, for example, deformities, general enfeeblement, etc. 19 patients, (M. 8, F. 11), have had this modified treatment.

**Intensive E.C.T.**—This second modification of Convulsant Therapy has been given to 10 patients (M. 5, F. 5). A variety of conditions were treated and while some of the patients improved considerably, the results generally were rather disappointing. We are continuing to investigate this treatment, however, as for certain disorders it may prove to be an effective form of electrical therapy, but the indications for its use appear to be limited and precise.

**Electro-narcosis.**—This is yet another modification of E.C.T. which has been claimed to be successful in the treatment of Schizophrenia. While, to date, we have treated only a small number of patients—13 (M. 4, F. 9)—the results so far have been very unsatisfactory. This treatment is having a further trial, however, and in due course we hope to be able to give a more considered opinion.

**Cardiazol.**—21 patients (M. 9, F. 12) had this form of convulsant therapy during 1947. It was used with success in the treatment of confusion and excitement.

**Insulin.**—During the year, it was possible to increase the capacity of the Unit to 8 patients of each sex. Dr. Brody, who is in charge, reports as follows :—

“In all, 44 patients received Insulin Therapy as compared with 60 in 1946. In 1946, however, the median number of comas per patient was 24, while in 1947, it was 44, which indicates that the courses of treatment were, on the whole, over 80% longer. E.C.T. was combined with Insulin in 15 women and 13 men. It is evident that the atypical or non-schizophrenic-like pictures respond better than typical schizophrenics.”

## RESULTS OF FULL INSULIN THERAPY, 1947.

		Recovered.			Improved.			No Change.			Total.		
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Schizophrenia	...	7	8	15	2	5	7	7	4	11	16	17	33
Mixed Schizo-Affective		4	1	5	—	—	—	—	1	1	4	2	6
Puerperal ...	...	—	4	4	—	—	—	—	—	—	—	4	4
Alcoholism	...	—	—	—	—	1	1	—	—	—	—	1	1
		11	13	24	2	6	8	7	5	12	20	24	44

**Modified Insulin.**—This treatment, employing Insulin in sub-coma dosage, was given with good results to 47 patients (M. 15, F. 32), where asthenia, anorexia with under-nourishment, general visceral discomfort, anxiety and tension were prominent symptoms. Recently, Modified Insulin has also been used in the management of excited and disturbed patients. The response has been most encouraging, the need for sedation being drastically reduced and many of the patients, previously unemployable and unfit to leave their ward, have been enabled to attend the Occupational Therapy Department.

**Prolonged Narcosis.**—This was given to 11 patients (M. 4, F. 7), during 1947. The period of continuous sleep lasted from 10 to 15 days, and cases of acute agitation and restlessness were benefited.

**Malaria and Penicillin.**—The incidence of neuro-syphilis in West Sussex remains low. During 1947, only 5 patients (M. 4, F. 1), required treatment for this condition. They had a combined course of Malaria and Penicillin with satisfactory results.

**Pre-frontal Leucotomy.**—Since October, 1942, Mr. A. G. Ross has operated on 351 patients (M. 152, F. 199). Much has been written about Leucotomy in previous Annual Reports of this hospital. On this occasion, therefore, it is sufficient to say that we remain of the opinion that this is a most valuable form of treatment when applied to certain chronic and otherwise



irrecoverable conditions which have failed to respond to other treatments. Leucotomy is in all respects a serious undertaking and the decision to operate should only be made by psychiatrists who have had the necessary experience.

The Director of Clinical Research is in process of making a detailed investigation into all aspects of this treatment.

Below is an analysis of the results of Leucotomy in the first 344 cases.

## LEUCOTOMY.

Analysis of results of the first 344 cases (22.10.42 to 17.1.48).

Diagnosis	Number			Discharged			Social Recovery			Improved			Not Improved			Died		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Schizo-phrenia	82	76	158	27	29	56	12	14	26	34	23	57	32	37	69	2	2	4
Paraphrenia	20	51	71	16	34	50	8	19	27	8	22	30	4	9	13	—	1	1
Manic-depressive Psychosis	16	22	38	13	19	32	11	16	27	3	3	6	1	2	3	1	1	2
Involutional Depression	21	38	59	17	28	45	10	21	31	8	10	18	3	2	5	—	5	5
Psycho-pathic personality	6	3	9	3	1	4	2	—	2	4	3	7	—	—	—	—	—	—
Chronic Obsessional Neurosis	3	4	7	3	4	7	1	4	5	2	—	2	—	—	—	—	—	—
Epilepsy	1	1	2	—	—	—	—	—	—	1	—	1	—	1	1	—	—	—
TOTAL	149	195	344	79	115	194	44	74	118	60	61	121	40	51	91	3	9	12

### 4. SOCIAL THERAPY.

Man's activities are normally displayed in social institutions which embrace both work and play, and which may be physical, intellectual, or spiritual in character. Psychological illness tends to isolate the patient from his fellow men. Through social therapy, the patient's feelings of isolation are lessened and he is helped to regain his sense of belonging in society. The value of such therapy is today widely recognised; indeed it is surprising that so little attention was paid to it in the past.

Modern physical methods of treatment have increased rather than diminished the need for social therapy. It is often the social treatment that clinches the improvement brought about by special treatments. This is particularly so in leucotomy.

**Religious Services.**—Facilities are provided for Divine Worship and devotional exercises. Church of England, Non-conformist and Roman Catholic Chaplains hold regular services. They visit the wards frequently and at will, and their spiritual help is much appreciated by the patients.

**Occupational Therapy.**—Great strides have been made in the last year. Under medical direction three fully qualified Occupational Therapists work in the hospital, and about 200 patients attend the centres. This is in addition to the large number of patients employed in the utility departments, on the farm and gardens, and elsewhere on the estate. There is, moreover, a close liaison between the Chief Occupational Therapist and the heads of departments so that the right patient can be given the right work. A feature of the occupational work is the great use made of scrap material. As far as possible, articles are made for the hospital, so that patients have the added satisfaction of seeing their productions in daily use. The value of having something to do is obvious and there has been a noticeable improvement in the general behaviour, tidiness and atmosphere among the patients since it became possible to give more of them employment. But occupational therapy goes further. It is positive treatment which achieves its aim by stimulating the patient's creative faculties.

**Art Classes.**—Amongst the creative faculties must be numbered the artistic. Through the kindness of Miss Hipwell and her assistant, Miss Webb, of the Bishop Otter College, weekly art classes are held and have proved very popular. Technical excellence is not the aim, but rather self-expression; and the provision of an outlet for mental energy.

**Magazine.**—"The Wishing Well" provides another popular means of self-expression. Founded in January, 1947, its second volume is well under weigh. It is written, printed and distributed entirely by patients, who have their own editorial committee. Ambitious drawings and cartoons are reproduced from lino cuts made by the patients. The whole edition is usually sold within a few days of publication. Visitors to the hospital have been much impressed, even envious, of the high quality reached.

**Concerts.**—Through the "Council for Music in Hospitals," we have been able to give monthly concerts by well known



artistes. The important part which music can play in social therapy is unquestioned and in undertaking the many details of the organisation of these musical sessions the Council is providing a valuable service which we believe to be indispensable to hospitals. The objects of the concerts are two-fold—to entertain and to educate. Before each item the artistes give a brief description and analysis of the work, and we have found that the concerts have stimulated keen interest among the large number of patients who attend. We are deeply indebted to the artistes who have visited the hospital and have given us a glimpse of that land which to too many is still an undiscovered world of beauty.

In addition to these regular monthly concerts, the Chichester Operatic Society visited us on two occasions and gave delightful performances of “Merrie England” and “Tom Jones.” We also had the pleasure of a visit from the Slindon Youth Club and friends, who presented “The Pirates of Penzance,” in costume.

### List of artistes who have visited the Hospital.

1947.

March...	...	Maurice Cole	...	...	<i>Pianist.</i>
April ...	...	Ray Lubicz	...	...	<i>Soprano.</i>
		Hubert Greenslade		...	<i>Pianist.</i>
May ...	...	Elizabeth Lockhart	...	...	<i>Violinist.</i>
		Hubert Greenslade		...	<i>Pianist.</i>
June ...	...	Jean Merlow	...	...	<i>Pianist.</i>
July ...	...	Ivey Dickson	...	...	<i>Pianist.</i>
		Hervey Alan	...	...	<i>Baritone.</i>
August	...	Joseph Segal	...	...	<i>Violinist.</i>
		Mabel Lovering	...	...	<i>Pianist.</i>
September	...	Beatrice Gibson	...	...	<i>Contralto.</i>
		Sidney Crooke	...	...	<i>Pianist.</i>
October	...	Jan Van der Gucht	...	...	<i>Tenor.</i>
		Sidney Crooke	...	...	<i>Pianist.</i>
November	...	Maurice Cole	...	...	<i>Pianist.</i>
December	...	Eric Barnes	...	...	<i>Tenor.</i>
		Mabel Lovering	...	...	<i>Pianist.</i>

1948.

January	...	Harold Fairhurst	...	...	<i>Violinist.</i>
		Reginald Paul	...	...	<i>Pianist.</i>
February	...	Michael Head	...	...	<i>Baritone,</i> <i>Pianist and</i> <i>Composer.</i>
March...	...	Nora Gruhn	...	...	<i>Soprano.</i>
		Hubert Greenslade		...	<i>Pianist.</i>
April ...	...	Leon Goossens	...	...	<i>Oboe.</i>
		Ivor Newton	...	...	<i>Pianist.</i>

**Library.**—The Library is much used and there is a generous supply of books. A small music section has been started. Our thanks are due to the St. John and Red Cross Hospital Library Department for their great assistance.

**Recreational Therapy.**—A large number of patients are able to take their own recreation. Patients are now regarded as “observation” or “non-observation.” The latter have a small identity card and are able to use what was formerly called “parole” in the grounds at will. Many are free to go beyond the hospital estate. Leave for weekends and longer periods is encouraged in suitable cases.

Adequate facilities for entertaining patients are maintained. Team games and matches on the sports field and inter-ward competitions at billiards and other pastimes are frequently arranged. The concerts have been mentioned, but special mention must be made of the much appreciated Christmas Concert given by the Staff of this Hospital. Cinema shows are held twice weekly. The wards are well supplied with pianos, books, papers, and indoor amusements.

**Clubs.**—The Social Clubs at Summersdale Villa and in the Main Building continue to be popular. The patients are responsible themselves for the organisation with a minimum of guidance from the staff. There can be no responsibility without liberty, but the considerable liberty that has been granted has not been abused. Meetings are held in the evenings. The patients raise money themselves in various ways for prizes, etc. The Clubs are not only valuable because they interest and entertain. They also provide an outlet for intellectual ingenuity and a means whereby the sense of responsibility and of being of service to others can be fostered.

**Canteen.**—The canteen is open daily and supplies have been well maintained.

**Hairdressing.**—The Ladies’ Hairdressing Department is always busy and is financially self-supporting. The return of interest in personal appearance is often one of the earliest signs of recovery, and there are many patients for whom a visit to this department marks the turning point in their illness.

**Rehabilitation.**—The practice has been continued of arranging for women patients to have a holiday at our Convalescent Home at Worthing prior to their discharge from hospital. The holiday lasts at least a fortnight and the number of patients staying in the Home at any one time rarely exceeds six. The atmosphere is therefore intimate and friendly and this



stay in a bright homely environment allows them to make the necessary adjustment to ordinary life and avoid the abrupt transition from hospital to home.

556 patients have visited the Convalescent Home since it was opened in August, 1943. I am very pleased to report that in two months' time we hope to open a similar establishment for men patients.

## 5. DISCHARGES.

The following table gives the discharges, departures, etc., during the year, 1947:—

	Voluntary.			Temporary.			Certified.			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Recovered ...	84	177	261	—	2	2	8	12	20	92	191	283
Relieved ...	62	72	134	—	1	1	10	4	14	72	77	149
Not Improved	13	12	25	—	—	—	1	1	2	14	13	27
By operation												
of law ...	—	—	—	—	—	—	1	—	1	1	—	1
Transferred...	—	—	—	—	—	—	—	2	2	—	2	2
	159	261	420	—	3	3	20	19	39	179	283	462

During the year, 283 patients recovered from their illness and were discharged—a recovery rate of 50.4%. In addition, 149 patients whose condition was relieved left the hospital. Calculated upon the total number of direct admissions, these two figures together give a percentage of 77% recovered and relieved.

## 6. GENERAL HEALTH.

There have been no epidemics during the year and the health of patients and staff has been satisfactory.

The number of patients suffering from Pulmonary Tuberculosis is unchanged and remains at 9 (M. 5, F. 4). I am very pleased indeed to report that the three nurses who, last year, were receiving treatment for Tuberculosis have now fully recovered.

The Physiotherapy Department has provided the required treatments in the form of massage and remedial exercises, infra-red rays, ultra-violet light, faradism and ultra-short-wave diathermy. This department has been of help not only in the maintenance of the general health of the patients and staff, but in the actual treatment of psychiatric conditions.

The Chiropodist visits the hospital at least once a month and his assistance has been much appreciated by both patients and staff.

Owing to the great difficulty in obtaining supplies and the limitations imposed by rationing, innumerable problems and difficulties have been encountered. The Lay Administrator is to be congratulated, however, on the way in which he has successfully negotiated these difficulties and despite everything the patients enjoy a high standard of comfort and the dietary is the best available.

## 7. DEATHS.

Below are given figures relating to the deaths which occurred during 1947 :—

		M.	F.	T.
Voluntary	...	20	30	50
Temporary	...	1	5	6
Certified	...	21	44	65
		42	79	121

The average age at death was 66.5 years. Post-mortem examinations were made in 76.8% of the cases. The death rate was 11.4% of the average number of patients resident in the Hospital. This high death rate was due to the admission last year of a large number of patients—31, (M. 16, F. 15)—in a precarious state of health. Apart from these patients acutely ill on admission, the causes of death require no special comment, being mostly degenerative changes associated with senility.

## 8. RESEARCH.

As emphasised in the Annual Report for last year, the importance of research cannot be over stressed if psychiatry is to continue to make its important contribution to the health of the community. No speciality undertaking such a role can afford to rest content but must ever be increasing its knowledge and understanding of the vast complexities of human nature. In addition to this need for a deeper study of the psychological make-up of ordinary people, more effective treatments are required, and there still remains an urgent demand for answers to many unsolved problems.

In an endeavour at least to take part in this essential branch of psychiatry, therefore, a Department of Clinical



Research has been established, and West Sussex is very fortunate indeed in having secured the services of Dr. E. Stengel who, in August, 1947, commenced duty as Director.

As already mentioned. Dr. Stengel has instituted an exhaustive enquiry into treatment by means of Pre-frontal Leucotomy and in due course will report on this subject. In collaboration with the medical staff, he has also organised research into other forms of active treatment with special reference to their indications and possible modifications. Finally, Dr. Stengel is responsible for the systematic tuition of the junior members of the medical staff. It is a matter of considerable practical importance that young doctors embarking on psychiatry as a career or those wishing to gain post-graduate experience in this speciality shall have an opportunity of receiving from the beginning a course of theoretical and practical instruction. Regular teaching rounds of the hospital are made, therefore, and in addition to our own staff these are open to any medical practitioner in West Sussex who may care to attend.

To assist in the work of this department, the appointment of a Psychiatric Social Worker and a Clinical Psychologist was approved. Miss N. G. Cook commenced duty as Social Worker on 1st March, 1948, and Mrs. M. Williams has been appointed as Clinical Psychologist and is expected to take up her post next month.

## **9. EARLY TREATMENT CENTRE.**

The psychiatric services of the County are now fairly well developed, but we are still unable to provide properly classified accommodation for in-patients. The provision of a specially designed Early Treatment or Neurosis Centre, quite separate from the main hospital, would overcome this deficiency and enable ordinary people to receive treatment at the earliest stage of their illness without any legal formality and under ideal conditions.

Everything is in readiness for the actual building to commence; the approval of the appropriate authorities has been obtained, the site purchased and the initial plans are now with the Board of Control.

## **10. HOSPITAL STAFF.**

**Medical.**—In addition to the Director of Clinical Research, the present medical staff consists of Dr. M. B. Brody, Deputy Medical Superintendent, Dr. D. Rice and Dr. R. L. Buttle, Psychiatrists, Dr. N. E. Panton, Dr. J. D. Morrissey and Dr.

A. J. Oldham, Assistant Psychiatrists, Dr. H. C. W. James, Dr. M. M. Salzmann and Dr. J. Towers, House Physicians. We also have the part-time services of Dr. Olive Sharp, Psychotherapist and Dr. A. Kirshner, Pathologist.

The medical staff has been organised into three teams each consisting of a psychiatrist, assistant psychiatrist and a house physician. The senior member is personally responsible for the work of his team and in supervising the duties of his assistants he is able to provide them with much valuable coaching and clinical instruction—this is additional to the tuition given by Dr. Stengel.

As already reported, arrangements have been made whereby there is continuity of treatment by the same medical staff for those patients who enter the hospital via the out-patient clinics.

A clinical meeting is held each Wednesday evening for the purpose of demonstrating and discussing special cases or considering any other important psychiatric subject. These meetings are attended by all the medical staff, the matron, the chief male nurse, the social workers and the occupational therapists. The Consultant Staff also have a cordial invitation to be present.

In January, 1948, a Medical Staff Committee was formed. This is comprised of all members of the Consultant Staff and the members of the hospital medical staff above the grade of house physician. The terms of reference are to consider and make recommendations on all matters relating to the welfare and treatment of in-patients, out-patients and staff, and to submit recommendations regarding the selection of candidates for medical and scientific appointments. The Medical Staff Committee has been officially approved by the Visiting Committee and they have direct access to this latter governing body on matters of importance. This year, the Chairman is Dr. D. Rice, and the Honorary Secretary is Dr. J. Morrissey.

**Nursing—Senior Staff.**—The Matron, Miss Lilian A. de Gras, S.R.N., R.M.N., S.C.M., has to assist her, Miss Rowena Rees, D.N., S.R.N., R.M.N., Deputy Matron, Miss Mary Caird, S.R.N., R.M.N., Senior Assistant Matron and Miss Rosalind Wheeler, R.M.N., Junior Assistant Matron. Miss Beatrice Nash, S.R.N., R.M.N., Sister Tutor's Diploma, has been appointed Sister Tutor and is expected to commence duty next month.

The Chief Male Nurse, Mr. S. G. Richards, R.M.N., has Mr. H. G. Clinch, R.M.N., as his deputy and Mr. F. Southin as his Senior Assistant.



**Nurses and Male Nurses.**—I am most pleased to be able to report that there has been a substantial improvement in the number of nurses on the staff. To put into operation all the recommendations of the Rushcliffe Committee we need 115 nurses. In the dark days of December, 1946, we reached our nadir when we had only 58 nurses with no other assistance. Today there are 87 nurses and 21 part-time nurses. This improvement in the numerical strength of the staff has, of course, altered the whole atmosphere of the female side; gone is the feeling of tension and strain and there is no longer that obvious over loading with work and responsibility. We welcome the help given by the part-time nurses whom we have found to be most reliable with regard to the hours of duty they have undertaken to serve. In one respect we are particularly fortunate as most of these nurses are qualified ex-Graylingwell nurses who therefore know the hospital intimately. Our endeavours to recruit more nurses, however, continue and we are trying to make the nursing conditions as attractive and pleasant as possible.

Mrs. L. Tanner, the Home Hostess, devotes her time to looking after the comfort and general well being of the nursing and domestic staff.

It has not yet been possible to put into operation the particular type of 96-hour fortnight which the nurses desire, but there is every hope that this will be introduced in the near future.

On the male side we have been able to maintain practically a full complement of staff. That the male nurses have been able to enjoy shorter hours of duty since October, 1946, makes us all the more eager to arrange this on the female side for there is no doubt that not only is this more reasonable period of duty better for the nursing staff, but the patients benefit in many important respects.

The Preliminary Training School for student nurses and male nurses has been continued and recently it has been possible to extend the duration of each course of tuition. We have been pleased to arrange for the student nurses of a neighbouring mental hospital to attend for preliminary training.

**Examination Results.**—Royal Medico-Psychological Association—6 nurses and 4 male nurses passed the Preliminary Examination and 6 nurses and 6 male nurses passed the Final Examination. General Nursing Council—6 nurses and 3 male nurses passed the Preliminary Examination and 4 nurses and 1

male nurse passed the Final Examination.

**Lay Administration.**—Mr. E. C. England, F.H.A., the Lay Administrator, and his staff, have been most successful in fulfilling their many important duties. I am afraid, however, that their work is only too often taken for granted and not enough credit is paid to them for the unobtrusive but essential part they play in helping to ensure that the stay of a patient in hospital shall be as comfortable and pleasant as possible thereby improving the prospects of his responding to treatment satisfactorily.

The lay side of the hospital is organised and controlled by the Administrator, who has special training and qualifications for this post. As evidence of the great amount of work necessary for the material well being of this large hospital, it is interesting to point out that it requires a staff of nearly 150, or more than a third of the total staff employed. Office, stewards, engineers, building, farm, laundry, kitchen, domestic—these are some of the grades of lay staff whose constant efforts are indispensable to the smooth and efficient running of the hospital. This is an appropriate occasion, therefore, publicly to acknowledge their services for they are important members of that large team whose united efforts are directed to the care and treatment of patients suffering from probably the most distressing of all illnesses.

Where a hospital is run under this form of dual control it is essential, of course, that there shall be the closest possible liaison between medical, nursing, and lay staffs, and always, priority must be given to the medical requirements. This spirit of helpful co-operation has already been in operation for many years, however, and the common goal of the welfare of the patients and staff will ensure that it always remains so.

## **11. SUMMARY OF RESIDENT ENGINEER'S REPORT.**

359,370 B.O.T. units of electricity were generated at a cost of 1.99d. per unit.

A total of 43,820,950 gallons of water were consumed, of which quantity 36,671,000 gallons were purchased from Chichester Corporation at a cost of 8 $\frac{1}{4}$ d. per 1,000 gallons.

Maintenance repairs and the redecoration of wards and departments have been carried out within the limits imposed by restrictions and shortages of material.

Major repairs which must be undertaken when labour and materials are available include extensive reslating of all roofs



and the renewal of lead flashings to valleys and flats; the floor boards in many parts of the hospital are worn and will need replacement.

The approved alterations to the Farm House are now in progress and when completed will provide an additional house for occupation by a medical officer.

## 12. SUMMARY OF FARM BAILIFF'S REPORT.

In general, the farm and garden crops were up to standard and adequate supplies of vegetables, fruit and salads were available to the hospital throughout the year. The egg yield was particularly satisfactory.

The Shorthorn Dairy Cattle are doing well, 37,342 gallons of milk having been produced during the year. Recently, the herd has been subjected to the official test of the Ministry of Agriculture and Fisheries and, being free of reactors, has qualified for attestation under the Tuberculosis (Attested Herds) Scheme.

Artificial Insemination has been introduced and the results appear to be satisfactory.

Much useful help has been given by patients in all departments of the Farm and Garden.

## 13. OFFICIAL VISITS.

28th May, 1947.	Commissioners of the Board of Control—Mr. C. F. Penton and Dr. E. N. Butler.
21st August, 1947.	Ex-Services Welfare Society—Commander Tennyson.
17th October, 1947.	Panel of Visitors, West Sussex County Council—Mrs. Elliott, Mr. Lane and Mr. Parsons.
13th November, 1947.	Ministry of Pensions—Dr. A. T. W. Forrester.

## CONCLUSION.

I have the greatest pleasure in tendering once again my sincere thanks to all my colleagues, both professional and lay, for their willing assistance and co-operation, and I would thank you, Mr. Chairman, Ladies and Gentlemen, for the encouragement and support you have so generously afforded me at all times.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

JOSHUA CARSE,

*Medical Superintendent.*

# REPORTS OF THE COMMISSIONERS OF THE BOARD OF CONTROL.

GRAYLINGWELL HOSPITAL,  
CHICHESTER.

*29th May, 1947.*

This Hospital continues to be very well administered from all points of view and provides all forms of modern treatment together with a high standard of comfort.

The direct admission rate continues to rise, the figure for 1946 being 526 against 432 for the year 1945. Owing to the use of Urgency Order procedure, very few patients are received under full certificate and, in practice, 92.9% of the patients admitted during 1946 received treatment as either voluntary or temporary patients. The increase in the direct admission rate seems to be due to a greater willingness of the public to seek treatment at an early stage of their illness rather than to an increase of serious psychiatric disorders in the community.

Today there are resident in the hospital, 1056 patients, in the proportion of 411 men to 645 women, of whom 354 (or approximately 33%) are voluntary patients, and 6 temporary patients. The average number of patients resident during 1946 was 1080. Owing to the shortage of female nurses it has only been found possible to put into commission two of the 4 wards vacated by the E.M.S. about two years ago. As a result there is some overcrowding on the female side and an unfortunate lack of classification in one of the ward gardens which at present has to serve 6 wards. Thirty-four of the female patients removed here from Brookwood Mental Hospital during the war still remain, but are expected to leave at the end of July.

We found the wards in good order and the patients appeared contented and well cared for. A considerable consignment of new easy chairs is due for delivery shortly and will be mainly used for furnishing the more chronic wards. Visiting the kitchen we learnt that the department is now staffed entirely by males under a chef; no patients enter the kitchen though a small amount of preparing vegetables is done in one of the wards. The chef is responsible direct to the Clerk and Steward.

The reorganisation of occupational therapy is being pressed on with and making good progress under the Chief Occupational Therapist (Miss Thompson) recently appointed. Further



impetus will be given to the work of this department when the new hatted centres (plans of which have been put before our Board) are erected. Facilities for outdoor recreation have been improved lately by the return of the sports field to its proper use. The patients are well catered for in the way of indoor amusements, a recent addition in this respect being the introduction of special musical concerts at which well known professional musicians entertain the patients with classical music.

Social Clubs have been started both at the Admission Hospital and the Main Building during the period under review and have been a feature of importance in the life of the Hospital. They are organised by the patients' own club committees. Meetings are held in the evenings and the many activities resulting include whist drives, table tennis, talent competitions, debates, "quiz" programmes and informal dances. In January of this year the patients' own magazine, "The Wishing Well," made its first appearance. It issues monthly and is designed, written, edited, printed and distributed entirely by the patients. We discussed the production with the Secretary of the Editorial Committee and learnt that it provided pleasurable occupation and interest for a large number of patients. The standard set by the May issue is high and discloses a fine variety of latent talent.

The Out-patient Clinics at the Horsham Hospital, the Royal West Sussex Hospital, and the Worthing Hospital, continue to meet increasing demand. At the first-mentioned Hospital, 92 new patients were seen during 1946, the corresponding figures for the Worthing Clinic being 203, and for the Chichester Clinic 160. Attendances, other than new patients, at the three clinics during 1946 totalled 1156, giving a grand total of 1611 attendances in all. In July 1946, a second psychiatric social worker (Mrs. A. Smith) was appointed. She attends the Horsham and Chichester Clinics while Mrs. E. E. Nevell devotes the whole of her time to the Worthing area.

The Child Guidance Service for the area is administered by a composite Committee consisting of two members from each of the following Committees: Education, Maternity and Child Welfare, Probation and the Visiting Committee of this Hospital. Clinics at Chichester and Horsham were started in January, 1946, and the Worthing clinic was opened early this year. Each clinic is staffed by a psychiatrist, psychologist and a social worker. The expenses are divided between the Health and Education Committees of the Council, each contributing 50%.

No member of the medical staff of this hospital takes actual part in the work but Dr. Carse attends all meetings of the composite committee.

The general health of the patients during 1946 was good and the general standard of medical and nursing care and attention appeared to us to be high. The advice of specialists in all branches is readily available from the staff of the Royal West Sussex Hospital.

During the year there were 112 deaths (45 male and 67 female), giving a mortality rate of 10.4%.

Four inquests were held. Two of these were cases where fractures had occurred within a year of death; the other two were suicides. The facts were, in each case, reported to our Board.

Since the last visit, 17 fractures or dislocations have been recorded. The majority of these occurred in elderly patients and the causes call for no special comment. The fact that 13 of these accidents occurred in females may be due to a shortage of female nursing staff.

Seventeen patients are reported as suffering from Tuberculosis. Of these only four chest cases and one of lupus are considered to be active. During 1946, there were 16 cases of mild Sonne Dysentery but the hospital is now free of all intestinal infections.

Modern forms of treatment continue to be extensively used, including convulsion treatment, prolonged narcosis, insulin and leucotomy. A new insulin department has recently been opened in which it is possible to treat 8 male and 8 female patients. Up to the end of 1946, 319 patients had had pre-frontal leucotomy performed with a mortality rate of 3.1%. The results obtained are considered to be very encouraging, especially in view of the fact that the cases selected have been those in which the prognosis was considered to be hopeless. In general, two cases weekly have pre-frontal leucotomy performed.

There is a well equipped dental clinic. The Dental Surgeon now pays weekly in place of fortnightly visits. All new admissions are examined in addition to an annual inspection of all patients. This room is also used by a Chiropodist who attends the Hospital once a week. A Physio-therapist visits the Hospital on five evenings a week.

There is a well equipped pathological department with two technicians in charge. The department is supervised by a



Pathologist who attends on two days a week. We were very much impressed by an admirable system of routine examination. The patients attend the department the day after admission and a very full investigation is initiated. All abnormalities are entered in red ink on a form and such abnormal findings are automatically retested regularly. The X-Ray department and dispensary are both well organised.

Deep analytical psychotherapy is undertaken by a part-time member of the staff who devotes two days a week to this treatment. The services of this doctor are available for selected cases from the out-patient clinics.

The present nursing staff consists of 95 males and 72 females; in addition, there are 12 part-time female nurses. Nineteen male and eleven female nurses are on duty by night. The position as regards male staff is now satisfactory and it has been possible to introduce the 96 hour fortnight on that side. There has been a slight improvement on the female side though the position is still serious and continues to impose heavy demands and long hours on the existing number. The total number of female nurses required is 115. The position is slightly eased by the recent arrival of nine displaced persons who, we are told, are doing excellent work as ward orderlies.

Every effort is being made to improve the living conditions of the staff and we were able to meet the Home Hostess who has been appointed with a view to caring for the welfare and comfort of the nurses. It is worthy of note that each nurse has a key of the Home and is therefore free from irksome restrictions.

At the beginning of this year a Preliminary Training School for Nurses was opened and, though the period of training has had to be curtailed, it is already proving to be of practical value.

Since the last visit, Miss A. Gambier has retired from the post of Matron which she had held with such success for 27 years. She has been succeeded by Miss L. de Gras, formerly Senior Assistant Matron.

Dr. Carse is assisted by Dr. M. B. Brody, as Deputy Medical Superintendent, Drs. Rayner and Buttle as Psychiatrists, Dr. C. H. Lee, Assistant Medical Officer and Drs. Hazel Liddell and Holland as House Physicians. Dr. J. Morrissey has been

appointed to the staff as Registrar, Class 1, under the Government scheme for post-graduate education of ex-service Medical Officers.

We had the pleasure of meeting the members of the Visiting Committee. To them and Dr. Carse we wish to express our thanks for the arrangements made for us during our visit.

CYRIL F. PENTON,  
*Senior Commissioner.*

E. N. BUTLER,  
*Commissioner.*  
BOARD OF CONTROL.

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WEST SUSSEX COUNTY MENTAL HOSPITAL,  
CHICHESTER.

*6th February, 1948.*

Throughout our visit to this Hospital and its rehabilitation centre at Worthing we found that the same high standards, as mentioned in previous entries, were being maintained and that progress is being achieved in various directions. The Hospital is well staffed and it is satisfactory to record that since the date of the last visit on behalf of our Board, some eight months ago, the size of the female nursing staff has been increased.

There are good amenities for both out of doors and indoor recreations and amusements for both patients and staff. The two mixed patients' social clubs continue to progress and have established their popularity and success. A therapeutic out-patient social club is to be opened in Chichester on behalf of this Hospital. Facilities at the staff social club have been developed. The community life of the whole hospital is well studied and organised; the relations existing between patients and staff is noticeably good. The British Red Cross Society still lends a very helpful hand in supplying many of the needs of the library. Two hundred and ninety-five patients (84M., 211F.) are regarded as "non-observation cases" and therefore have the freedom of the Hospital's estate; of these, 111 (45M. 66F.) have the further privilege of going beyond its boundaries.



The several day rooms and dormitories are well kept, clean and bright; a quantity of modern and comfortable furniture has been delivered which has added greatly to the patients' general comforts. Redecoration of the wards is carried out whenever practicable.

There are 1059 (389M., 670F.) patients in residence and the names of 1076 (397M., 679F.) on the books. According to the figures placed before us there is a deficiency of accommodation by day for 34 male and 45 female patients, and by night for 41 and 71 respectively, but overcrowding at this Hospital in practice is not very noticeable. Since the date of the last visit the third of the four female wards handed back by the E.M.S. has been occupied by patients and so soon as the huts for occupation centres have been erected the fourth will be used for housing patients. There are in all 92 (24M., 68F.) "out county" patients in the Hospital of whom approximately 35 female patients will shortly be returning to their own mental hospital. So in the near future these circumstances and the opening of "Little Acre" for some 8 male patients, which is referred to below, will tend to reduce what overcrowding there may in practice be.

"The Acre," a house at Worthing for rehabilitation of female patients prior to discharge, continues to prove of good value. An adjoining house, to be known as "Little Acre," is in the process of adaptation to provide similar facilities for male patients. Of the improvements and additions to be made in the not too distant future, the erection of 24 staff cottages is of importance.

The weekly maintenance charge per head for "home patients" is returned at 21/-, but in fact the weekly cost per head when last ascertained in March was approximately 40/-. It is understood that the "cost" is still rising but the many services provided by this Hospital and by members of its staff for the area which they serve must not be overlooked.

Several matters were discussed with Dr. Carse, the Medical Superintendent, and with Mr. England, the Clerk and Steward. Two were the question of fire drill for patients and staff, and such items as the amenities at the post-mortem room at the mortuary.

There are three occupational therapy officers. Good work is done both at the centre at the early treatment block and at the main building. Handicrafts are also carried out in the wards. It is hoped that it may be possible for more student nurses to take part of their training at these centres.

Care is taken with the patients' appearances but from time to time the usual shortages of materials or items of clothing, as are to be found elsewhere, have, particularly on the male side, proved rather a stumbling block to high standards. However, a large proportion of the patients can and have their own clothes to wear.

During the year 1947, the direct admissions, like those for 1946, were high, namely, 561 (220 M., 341F.); as has been said before, the majority of those admitted under certificates in the first instance came in on urgency orders which enabled them to have the advantages of both sections I and V of the Mental Treatment Act, 1930. During the same period 460 (179M., 281F.) patients either left or were discharged, and of these, 281 (92M., 189F.) are regarded as having recovered. The turnover of this Hospital is a big one for its basic size, as also is that at its out-patient clinics, and it is of interest to learn that a third psychiatric social worker is to be appointed.

An advance in the medical work of the Hospital has been brought about by the appointment of Dr. Erwin Stengel as Director of Clinical Research. He is undertaking special investigation into the effect of pre-frontal Leucotomy; research into the value of various methods of treatment and their modifications as now in use, and systematic teaching of junior medical staff. This last item we consider particularly useful as making it possible to see what can be done with the material and resources of this Hospital, the standardisation of teaching not being developed as yet generally since the war.

The medical staff are organised into teams, in each of which is a psychiatrist, an assistant psychiatrist and a house physician. By this means junior as well as senior medical officers have varied experience, while patients admitted from clinics remain under the care of doctors whom they know.

Pre-frontal leucotomy has been mentioned. It is recognised that it is not without danger; there having been four deaths among 37 cases upon whom the operation was done during last year. On the other hand many cases have improved and have been discharged, and to the operation is attributed some of the orderly behaviour in the chronic wards which were noticeably free from the very noisy, untidy and degraded patients so often seen in wards of this type.

Psycho-analytic treatment is carried out in cases selected in consultation with Dr. Ernest Jones, who is now on the visiting



staff. Many other therapeutic methods are in use ; they have been described in previous entries and we need only mention here a useful modification of E.C.T., namely its administration in the evening by which some of the unpleasant temporary after effects are avoided.

Indeed the general medical care is of a high standard and the health on the whole has not given rise to anxiety. Tuberculosis was responsible for the death of 7 patients out of a total of 121 who died during last year. Six male and 10 female patients now remain under treatment for this disorder. Among the causes of death old age and circulatory and respiratory disorders account for the majority. Malignant disease was responsible for 14, leucotomy 4, and E.C.T. 2. No other epidemic diseases have been recorded. The high death rate of 11.4% (10.4 M., 12.0 F.) is attributed partly to the large number of patients admitted already seriously ill physically.

Fractures of bone have been sustained by 7 patients and a dislocation by one since last May.

The improvement in the numbers of the female nursing staff has already been mentioned ; the numbers are now 100, whole time 82, part time 18. Of the total, 12 are on duty by night. The part time staff share morning and evening work as well as assisting at night duty. The preliminary training school continues to provide teaching for probationer nurses from this Hospital and from St. James' Hospital, Portsmouth. The strength of the male nursing staff remains satisfactory and the same as at the date of the visit last year.

We have spoken of the quiet behaviour of patients with established mental disorder. Although medical treatment is a factor there is no doubt that the care and attention given by the nursing staffs is also important and does much for the well-being and contentment of patients of all types. In this connection it may be mentioned that the figures for seclusion during the period under review show as one and a quarter hours for one male patient and 52 hours for 3 female patients ; a remarkably low figure.

The diet, clothing, laundry and other subjects were discussed yesterday and today ; we are satisfied that much is done to maintain standards and to seek for means of improvement.

Dr. Carse has to assist him as his deputy, Dr. Brody and the remainder of the medical staff consists of Dr. David Rice, Dr. Buttle, Dr. Nydia Panton, Dr. Morrissey, Dr. Oldham and Dr. Michael de Mowbray. The appointment of Dr. Stengel has already been referred to.

We have to thank everyone concerned for the arrangements made for us during our interesting visit.

JOHN C. RAWLINSON,  
ISABEL G. H. WILSON,

*Commissioners of the Board of Control.*



## THE CHAPLAIN'S REPORT.

*May, 1948.*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my report for the year ending March 31st, 1948.

**Divine Services.**—Morning and evening Prayer were held on Sundays throughout the year and Morning Prayer on Good Friday and Christmas Day. The Rev. P. J. Spooner, the Free Church Chaplain, took the Evening Service on the second Sunday of each month. A service for the sick and infirm was much appreciated in Richmond 1, on Friday afternoons. Holy Communion was celebrated on the third Sunday of the month in the Chapel and on the following Tuesday in M.A.1 and Richmond 1. There were 70 to 80 communicants each month, and over 90 at Christmas, Easter and Whitsuntide, which is an increase over the previous year. An additional service for the Staff was held on the Festivals at 6.15 a.m. The Bailiff and the staff decorated the Church most fittingly for these Festivals. The Services are well attended and there is evidence that many of the patients find comfort and strength in these acts of Divine Worship. I am grateful to Dr. Carse, Dr. Buttle, Dr. Rice and Mr. Richards for reading the Lessons.

The Rev. Gilbert A. Hook, a Missionary from South China, preached on 25th May, and the collection of £2 5s. 2d. was given to that work. The Rev. J. G. Thomas preached on June 29th and £2 10s. 7d. was collected for Dr. Barnardo's Homes. The Rev. E. L. Dalby, Rector of Ogwell, Rev. Canon W. K. Lowther Clarke, the Rev. Roy Porter, Bishop's Chaplain and the Rev. Canon S. L. Buckwell preached during the year.

A Special Service for admitting two patients of the Girls' Friendly Society to the Townsend Members' Fellowship was held in the Chapel and many of the women patients and staff joined in the service.

I have visited the wards and workrooms each week and made many useful contacts in this way, and I have also attended to all special calls both from the staff and relatives.

**The Choir.**—The Choir, drawn from the male and female Nursing Staff, has been augmented by six patients, and under the leadership of the organist, Mr. C. Murgatroyd, has greatly helped the singing of the Services. Special anthems were given at Harvest, Easter and Whitsuntide and much appreciated.

A special choir from Chichester Churches under the leadership of Mr. E. C. England, sang Stainers "Crucifixion," on Good Friday evening and the large congregation joined in the hymns. A Carol Service was held on the Sunday before Christmas when appropriate lessons were read between the carols, by members of the staff. The choir practice was continued on Fridays.

**Funerals.**—I officiated at 21 funerals of patients from this Hospital at Chichester Cemetery, and a service was held in Westhampnett Church in memory of one patient, at the request of the relatives.

**The Library.**—The Red Cross and St. John Library supplied over 1,500 books during the year, and in addition, the County Library gave us 1,200 books which were distributed to the ward bookcases. The main library is open each weekday for patients to exchange their books as they desire. An arrangement has been made to exchange books at the Red Cross Library Depot on the first Wednesday in each month and the County Library have promised to send us further supplies regularly.

**Social Activities.**—A recital of Sacred Music by Mrs. Elizabeth Backhouse (Soprano), Mr. E. C. England (Organ) and Dr. Michael de Mowbray (Violin) was given in the Chapel, on 13th November, 1947.

I was pleased to join in many of the social activities arranged for the patients and the intimate and most enjoyable parties arranged by the sisters and nurses in various wards at Christmas time.

May I record my deep gratitude to the Medical Superintendent and all the staff for their kind help to me at all times, and especially in the preparation for the Sunday Services and private communions in the wards. I feel that it is a great privilege to have a share in this work of restoring health and happiness to so many of our Sussex people.

I remain, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

JOHN C. SALISBURY.



## THE R.C. CHAPLAIN'S REPORT.

*May, 1948.*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my report for the year ending March 31st, 1948.

Mass was said in the Hospital each Tuesday, during which patients and staff had an opportunity of receiving Holy Communion. Facilities for Confession were provided before Mass. Attendance has been very satisfactory.

Patients were visited regularly and Communion was given on the wards to those who were unable to attend Mass.

In addition, Catholics (staff and patients), were visited before operations and when placed on the danger list; in the latter case, the Last Sacraments were administered.

59 female nurses have joined the Catholic Nurses Guild, and we arranged a very successful social in the Hospital on February 26th. Previously, we had the honour of a visit from Miss E. C. Pearce, who spoke on "Nurses in a changing world."

Finally, we have just completed a scheme whereby every Catholic nurse in the Hospital will have an opportunity of hearing Mass on Sundays.

Dr. Carse and all members of the staff have earned our gratitude for their co-operation during the year.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

J. B. HARTE.

## THE FREE CHURCH CHAPLAIN'S REPORT.

*May, 1948.*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to report on my work as Free Church Chaplain at the Hospital during the past twelve months.

I have made regular weekly visitations of all departments, and with the ready help of all the members of the staff, I have been able to keep in touch with a large number of patients belonging to the Free Churches. These personal contacts have proved of great interest, and I believe they have been found of real value, often in unsuspecting ways.

It has been my privilege to conduct the evening worship in the Church on the second Sunday of each month. Congregations have been large and have joined heartily in the services, so that I have come to look forward to these services in increasing measure. Especially do I appreciate this close co-operation, as also in all my work, with the Church of England Chaplain.

By invitation of Miss Thompson, I have conducted "Community Singing," week by week, first in the Church, then in the Occupational Therapy Centre, and also, latterly, in Female Ward F. This has become an interesting and useful addition to the more personal contacts of a chaplain's work, and seems likely to give a still more effective place to music in the occupational activities of the Hospital.

I am, Mr. Chairman, Ladies and Gentlemen,

P. J. SPOONER.



# FARM AND

Year Ended

## EXPENDITURE.

£ s. d.

**Salaries and Wages**—including deductions from, or payments out of Salaries and Wages in respect of Superannuation, and employees' contributions for National Health and Pensions and Unemployment Insurance .. .. . 9691 1 1

**Provender** .. .. . 2273 5 3

**Seeds and Manures** .. .. . 1942 19 9

**Stock (Live and Dead) bought** .. .. . 5687 11 1

**Rent, Rates, Taxes & Insurance**, including employer's contributions in respect of National Health and Pensions and Unemployment Insurance .. .. . 261 4 10

**Sundry Expenditure** .. .. . 1150 6 7

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21006 8 7

**Stock Adjustment Account—** £ s. d.

Value of Stock at 1st April, 1947 16261 16 3

„ „ 31st March, 1948 16299 8 8

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*Deduct* Increase in value of Stock .. .. . 37 12 5

**Total Expenditure** .. .. . 20968 16 2

**Surplus on Farm and Garden Account transferred to Maintenance Account** .. .. . 1500 16 11

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£22469 13 1

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# GARDEN ACCOUNT.

31st March, 1948.

## INCOME.

	£	s.	d.	£	s.	d.
<b>Value of Produce, etc., supplied to the Hospital during the year—</b>						
Beef, Mutton, Pork, etc. ..	3266	9	3			
Poultry and Eggs .. ..	1633	1	8			
Milk and Butter .. ..	4704	8	3			
Vegetables and Fruit ..	4980	6	1			
				14584	5	3
<b>Sales .. .. .</b>				7378	12	10
<b>Sundry Income—</b>						
(a) Miscellaneous .. ..	11	15	0			
(b) Government Subsidies ..	495	0	0			
				506	15	0
<b>Total Income .. .. .</b>				22469	13	1
				<u>£22469</u>	<u>13</u>	<u>1</u>



# INCOME AND EXPENDITURE

Year Ended

## EXPENDITURE.

	£	s.	d.	£	s.	d.
<b>New Buildings Extraordinary Outlay Structural Additions and Improvements—</b>						
(a) New Buildings and Extraordinary Outlay	58	4	7			
(b) Additions, Alterations, Improvements..	222	0	0			
				280	4	7
<b>Renewals, Repairs and Painting—</b>						
(a) Salaries and Wages—including deductions from Salaries and Wages in respect of Superannuation and Employees Contributions in respect of National Health and Pensions and Unemployment Insurance..	8030	10	1			
(b) Materials, Carriage, etc. .. .. .	4546	4	4			
				12576	14	5
<b>Other Expenditure—</b>						
(a) Superannuation Allowances under Asylums Officers' Superannuation Act, 1909	1292	5	6			
(b) Employer's Contributions in respect of National Health and Pensions and Unemployment Insurance .. .. .	102	7	3			
(c) Rents, Rates, Taxes and Insurance ..	568	1	5			
				1962	14	2
<b>Miscellaneous Expenditure .. .. .</b>					7	0
<b>Total Expenditure .. .. .</b>				14820	0	2
<b>Payments to Contributory County in respect of Excess of weekly charge on Out-County and Other Patients .. .. .</b>				1484	3	2
<b>Total Expenditure and Payments</b>				16304	3	4
<b>Excess of Income over Expenditure—Carried to Balance Sheet .. .. .</b>				165	13	7
				<u>£16469</u>	<u>16</u>	<u>11</u>

# BUILDING AND REPAIRS ACCOUNT.

31st March, 1948.

## INCOME.

	£	s.	d.	£	s.	d.
<b>Income from Contributory County—</b>						
(a) New Buildings & Extraordinary Outlay	823	11	9			
(b) Renewals, Repairs, Painting and other Expenditure .. .. .	10519	17	10			
				11343	9	7

## Superannuation under the Asylums Officers' Superannuation Act, 1909—

Contributions from Staff.. .. .				145	9	0
Sales, Scrap, etc. .. .. .				64	1	9
Sundry Income and Rents .. .. .				246	2	9

<b>Total Income .. .. .</b>				<b>11799</b>	<b>3</b>	<b>1</b>
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## Transfers from Maintenance Account—

Excess of Weekly Charge on Out-County and Other Patients .. .. .	2069	12	10			
Additional Profits on Private Patients ..	2601	1	0			
				4670	13	10

<b>Total Income and Transfers</b>				<b>16469</b>	<b>16</b>	<b>11</b>
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£16469 16 11



# INCOME AND EXPENDITURE

Year Ended

## EXPENDITURE.

	£	s.	d.	£	s.	d.
<b>Salaries and Wages</b> (including deductions in respect of Superannuation and Employees' Contributions in respect of National Health, Pensions and Unemployment Insurance):						
(a) Medical Staff .. .. .	11837	4	9			
(b) Nursing Staff .. .. .	47497	6	11			
(c) Other Staff (excluding Laundry, Farm and Garden) .. .. .	25421	7	9			
(d) Superannuation Allowances & Refunded Contributions .. .. .	7375	8	6			
(e) Employer's Contributions to National Health, Pensions and Unemployment Insurance .. .. .	873	18	4			
	<hr/>			93005	6	3
<b>Provisions</b> (including Farm & Garden supplies) for Patients and Staff .. .. .				29860	15	2
<b>Clothing—</b>						
(a) Patients .. .. .	2940	6	9			
(b) Staff .. .. .	699	12	8			
	<hr/>			3639	19	5
<b>Drugs, Medical and Surgical Appliances</b> ..				4037	4	4
<b>Fuel, Light, Water and Laundry</b> .. ..				16331	12	9
<b>Domestic Renewals, Repairs and Additions..</b>				8077	2	10
<b>Ambulance and other Transport</b> .. ..				881	4	9
<b>Rent, Rates, Taxes and Insurance</b> .. ..				8299	5	4
<b>Funeral and Removal Expenses and Allowances</b>				3031	9	6
<b>Miscellaneous</b> (including Printing, Stationery, Advertising, etc.) .. .. .				5904	5	2
<b>Total Expenditure</b> .. .. .				173068	5	6
<b>Transfers to Building and Repairs Account—</b>						
Excess of Weekly Charge on Out-County and Other Patients .. .. .	2069	12	10			
Profits on Private Patients.. .. .	2601	1	0			
	<hr/>			4670	13	10
<b>Total Expenditure and Transfers</b>				177738	19	4
				<hr/>		
				£177738	19	4
				<hr/>		

# MAINTENANCE ACCOUNT.

31st March, 1948.

## INCOME.

	£	s.	d.	£	s.	d.
<b>Maintenance of Patients—</b>						
(a) West Sussex County Council for Certified Patients .. .. .	67419	11	9			
(b) W.S.C.C. for Voluntary and Temporary Patients .. .. .	33847	18	3			
(c) W.S.C.C. for other Patients .. .. .	116	15	6			
(d) Non-Contributory County or Boroughs	11602	14	1			
(e) Private Patients .. .. .	12484	15	9			
(f) Service Patients .. .. .	3357	8	0			
(g) Ex-Service Patients .. .. .	126	11	6			
				128955	14	10
<b>Funeral &amp; Removal Expenses &amp; Allowances—</b>						
(a) West Sussex County Council .. .. .	1393	14	11			
(b) Non-Contributory Counties .. .. .	111	13	3			
(c) Service Patients .. .. .	663	5	0			
(d) Private Patients .. .. .	862	16	4			
				3031	9	6
<b>Superannuation under the Asylum Officers, Superannuation Act, 1909—</b>						
(a) Contributions from Staff .. .. .	2418	17	9			
(b) Proportionate Parts from other Mental Hospitals .. .. .	45	10	1			
				2464	7	10
<b>Staff—Deductions from Salaries and Wages for Board and Lodging, etc. .. .. .</b>				512	0	7
<b>Sales .. .. .</b>				124	14	2
<b>Sundry Income .. .. .</b>				240	10	3
<b>Government Grants towards Nursing Staff salaries increases .. .. .</b>				12090	13	3
<b>Total Income .. .. .</b>				147419	10	5
<b>Farm and Garden Account—</b>						
Surplus Transferred .. .. .				1500	16	11
<b>Total Income and Transfers</b>				148920	7	4
<b>Excess of Expenditure over Income for Year—</b>						
Carried to Balance Sheet .. .. .				28818	12	0
				£177738	19	4



## BALANCE

As at 31st

## LIABILITIES.

	£	s.	d.	£	s.	d.
<b>Sundry Creditors—</b>						
Invoice Account—Tradesmen and Others	12092	4	11			
Commissioners of Inland Revenue for Staff						
Income Tax Deductions .. .. .	1122	12	0			
Other Mental Hospitals for Proportionate						
Parts of Pensions .. .. .	154	12	0			
Graylingwell Hospital Canteen Account ..	63	13	3			
Ministry of Health for Widows & Orphans						
Insurance Contributions .. .. .	65	6	6			
Sundry Creditors for Farm Stock .. ..	547	2	1			
				14045	10	9
<b>Bank Balance overdrawn on Treasurer's Acc't</b>				33054	11	1
<b>Income and Expenditure Accounts—</b>						
<b>Maintenance Account—Balance on 1st April,</b>						
1947 .. .. .	48654	12	11			
<i>Deduct</i> Excess of Expenditure over Income						
for year ended 31st March, 1948 ..	28818	12	0			
<b>Balance as at 31st March, 1948 ..</b>				19836	0	11
<b>Building and Repairs Account—Balance on 1st</b>						
April, 1947 .. .. .	1079	16	2			
<i>Add</i> Excess of Income Over Expenditure						
for Year ended 31st March, 1948 ..	165	13	7			
<b>Balance as at 31st March, 1948 .. ..</b>				1245	9	9

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£68181 12 6

## SHEET.

March, 1948.

## ASSETS.

	£	s.	d.	£	s.	d.
<b>Sundry Debtors—</b>						
(a) <i>Local Authorities and Others for Maintenance of Patients—</i>						
West Sussex County Council—						
Certified Patients .. .. .	8016	17	0			
Voluntary and Temporary Patients ..	4241	11	0			
Other Patients .. .. .	15	5	6			
Non-Contributory Counties and Boroughs	2367	1	7			
Sundry Debtors for Private Patients ..	520	6	3			
Ministry of Pensions for Service Patients	1820	0	11			
Board of Control for Ex-service Patients	16	1	9			
				16997	4	0
(b) <i>Other Sundry Debtors—</i>						
On Sales Account—						
Maintenance .. .. .	8	9	7			
Farm .. .. .	83	17	10			
Ministry of Health Balance of Claim for Nurses Salaries Grant .. .. .	890	10	5			
Ministry of Health for Summersdale Emergency Hospital .. .. .	563	1	5			
Other Mental Hospitals for Proportionate Parts of Pensions .. .. .	45	7	0			
Suspense Account for Nurses Salaries Grant, 1947-8 .. .. .	10950	0	0			
Ministry of Health for Grants to Ex-Service Student Nurses .. .. .	52	10	0			
Ministry of Health Deposit for W. & O. Insurance .. .. .	64	0	0			
				12657	16	3
<b>Total Sundry Debtors .. .. .</b>				29655	0	3
<b>Stocks of Materials on Hand—</b>						
Provisions .. .. .	1749	0	7			
Clothing—Patients .. .. .	2513	15	4			
—Staff .. .. .	383	10	4			
Fuel, Light, etc. .. .. .	1857	3	10			
Domestic Renewals, Furniture, etc. ..	4964	3	8			
Building and Repairs Materials ..	666	17	2			
Farm Stock .. .. .	16299	8	8			
National Insurance Stamps .. .. .	5	0	0			
				28438	19	7
<b>Cash—</b>						
In Hands of Clerk of the Hospital ..				10087	12	8
				£68181	12	6



**STATEMENT of AVERAGE COST per PATIENT per WEEK**  
**during Year Ended 31st March, 1948**

ITEM	Main- tenance Cost		Building & Repairs Cost		Total Cost	
	s.	d.	s.	d.	s.	d.
Salaries and Wages (including deductions for Super- annuation, Board and Lodging and National Health, Unemployment and Pensions Insurance) :						
(a) Medical ... ..	4	3.0			4	3.0
(b) Nursing ... ..	17	0.8			17	0.8
(c) Other Staff ... ..	9	1.6			9	1.6
(d) Superannuation Allowances, etc. ... ..	2	7.8	5.6		3	1.4
(e) Employer's Contributions to National Insurances		3.8	0.4			4.2
Provisions ... ..	10	8.8			10	8.8
Clothing: Patients ... ..	1	0.7			1	0.7
Staff ... ..		3.0				3.0
Drugs, and Medical and Surgical Appliances ...	1	5.4			1	5.4
Fuel, Light, Water and Laundry ... ..	5	10.4			5	10.4
Domestic Renewals, Repairs and Additions ...	2	10.8			2	10.8
Structural Additions, Alterations and Repairs ...			4	6.2	4	6.2
Ambulance and Transport ... ..		3.8				3.8
Miscellaneous ... ..	2	1.5			2	1.5
Rent, Rates, Taxes and Insurance ... ..	2	11.8	2.4		3	2.2
Gross Totals ... ..	61	1.2	5	2.6	66	3.8
<i>Deduct—</i>						
Superannuation Contributions ... ..		10.6	0.6			11.2
Deductions for Board and Lodging ... ..		2.2				2.2
Goods Purchased from Stores ... ..		0.6	0.3			0.9
Other Income ... ..		1.0	1.0			2.0
Government Grants towards cost of Nursing Salaries	4	4.1			4	4.1
Surplus on Farm and Garden Account ... ..		6.5				6.5
Total Deductions ... ..	6	1.0	1.9		6	2.9
<b>Net Average Cost per Patient per week ..</b>	<b>55</b>	<b>0.2</b>	<b>5</b>	<b>0.7</b>	<b>60</b>	<b>0.9</b>

Table showing the Admissions, Discharges and Deaths with the mean Annual Mortality, and Proportion of Recoveries per cent. on Admissions.

Year	Admitted						Discharged						Died			Remaining 31st Dec.			Average Number Resident			Percentage of Recoveries on Admissions ex- cluding Transfers			Percentage of Deaths on Average Number Resident		
	Recovered			Relieved			Not Improved			Died			Remaining 31st Dec.			Average Number Resident			Percentage of Recoveries on Admissions ex- cluding Transfers			Percentage of Deaths on Average Number Resident					
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T			
1915	9	17	26	13	21	34	2	19	21	8	38	46	76	301	346	647	213	325	538	27.90	27.40	27.61	7.50	3.99	5.37		
1916	...	...	...	5	8	13	2	2	4	...	...	...	56	266	308	574	245	357	602	35.29	51.35	44.80	6.94	6.16	6.48		
1917	...	...	...	2	3	5	...	2	2	1	...	1	76	225	265	490	265	397	662	20.93	35.71	29.29	3.39	2.51	2.85		
1918	...	...	...	...	3	3	4	1	5	12	5	17	82	158	225	383	302	438	740	35.13	25.64	28.69	4.97	3.42	4.06		
1919	53	103	156	...	2	2	...	1	1	1	...	1	33	202	300	502	294	444	738	38.77	35.48	36.93	9.18	5.17	6.77		
1920	54	88	142	12	17	29	1	4	5	...	...	4	31	227	348	575	304	455	750	35.18	36.84	36.15	6.89	3.95	5.30		
1921	61	82	143	18	38	56	2	6	8	1	5	6	39	250	359	609	316	471	787	23.08	28.57	26.06	7.28	7.43	7.20		
1922	79	111	190	9	20	29	3	7	10	10	14	24	19	298	419	717	343	502	845	33.82	31.96	32.72	7.29	4.77	6.10		
1923	44	86	130	13	20	33	7	14	21	3	8	11	30	304	448	742	355	522	877	33.80	30.34	31.87	6.48	8.24	7.51		
1924	58	75	133	19	22	41	5	9	14	7	15	22	50	304	454	758	353	529	882	31.75	43.42	38.13	7.79	4.54	5.80		
1925	52	88	140	18	34	52	7	13	20	3	33	36	42	305	441	746	362	551	913	30.00	40.00	36.50	6.60	4.90	5.67		
1926	57	82	139	19	28	47	10	10	20	1	1	2	39	310	469	779	370	571	941	29.10	38.50	34.60	10.30	5.90	7.75		
1927	68	85	153	15	22	37	5	13	18	4	3	7	58	331	481	812	380	582	962	36.60	56.60	38.50	6.30	5.70	5.92		
1928	76	107	183	23	31	54	5	5	10	1	4	5	49	353	524	877	397	600	997	41.00	36.60	38.40	11.40	8.50	9.60		
1929	77	97	174	24	27	51	6	14	20	26	11	37	66	351	526	877	401	622	1023	34.00	47.20	42.00	9.50	5.90	7.30		
1930	68	88	156	20	33	53	3	10	13	9	4	13	52	359	543	902	426	629	1055	41.70	49.30	46.20	8.40	8.10	8.20		
1931	69	117	186	18	44	62	8	15	23	11	9	20	51	367	565	932	430	634	1064	43.20	37.00	39.40	9.50	10.10	9.90		
1932	88	122	210	23	43	66	11	15	26	5	15	20	72	378	580	958	422	643	1065	29.30	42.90	37.60	9.70	6.50	7.80		
1933	89	132	221	30	69	99	11	15	26	13	7	20	57	389	588	977	380	582	962	36.60	56.60	38.50	6.30	5.70	5.92		
1934	128	175	303	49	60	109	16	20	36	7	20	27	96	400	612	1012	397	600	997	41.00	36.60	38.40	11.40	8.50	9.60		
1935	113	164	277	35	76	111	8	18	26	8	8	16	75	424	637	1061	401	622	1023	34.00	47.20	42.00	9.50	5.90	7.30		
1936	106	154	260	43	73	116	16	25	41	3	12	15	87	432	630	1062	426	629	1055	41.70	49.30	46.20	8.40	8.10	8.20		
1937	116	186	302	48	67	115	19	25	44	10	13	23	105	430	647	1077	430	634	1064	43.20	37.00	39.40	9.50	10.10	9.90		
1938	105	174	279	29	67	96	18	37	55	19	18	37	83	422	643	1065	422	643	1065	29.30	42.90	37.60	9.70	6.50	7.80		
1939	128	221	349	42	82	124	33	38	71	10	19	29	98	417	643	1060	425	638	1063	35.60	41.00	39.00	8.90	9.40	9.20		
1940	128	182	310	40	86	126	42	32	74	12	7	19	106	406	639	1045	414	637	1051	32.20	48.90	42.00	10.90	9.60	10.10		
1941	108	225	333	41	61	102	18	42	60	9	10	19	109	412	676	1088	409	633	1042	39.40	35.20	36.80	8.30	11.80	10.40		
1942	92	176	268	52	81	133	16	29	45	5	3	8	101	397	672	1069	409	665	1074	57.77	46.55	50.37	8.31	10.07	9.40		
1943	119	194	313	50	123	173	22	20	42	11	7	18	88	394	667	1061	389	664	1053	42.37	64.06	55.80	10.02	7.38	8.35		
1944	124	236	360	62	132	194	25	37	62	8	1	9	93	386	677	1063	385	671	1056	51.20	57.10	55.10	9.60	8.30	8.80		
1945	150	289	439	71	163	234	22	46	68	7	11	18	111	393	679	1072	385	671	1056	47.97	57.39	54.16	11.16	10.13	10.51		
1946	205	321	526	92	174	266	44	74	118	11	12	23	112	406	677	1083	396	684	1080	44.90	54.20	50.60	11.40	9.80	10.40		
1947	224	350	574	92	191	283	73	78	151	14	14	28	121	409	665	1074	404	658	1062	41.80	56.00	50.40	10.40	12.00	11.40		



ACCOUNT OF THE BENEVOLENT FUND.

Year ended 31st March, 1948.

RECEIPTS.

	£	s.	d.
Balance brought forward ..	134	5	1
Dividend on 4% Loan ..		19	10
"  £300 3½% Loan ..	10	10	0
Collection in Chapel ..	9	17	6
"  " Boxes ..	12	13	4
Hall on Visiting Days ..	44	4	6
Donations, etc. ..	63	5	6
Interest—Post Office ..	34	5	6
Post Office Savings Bank (withdrawn) ..	540	0	0
Repayment—Handicrafts Account ..	7	12	5
	£857	13	8

PAYMENTS.

	£	s.	d.
Allowances ..	70	15	4
Entertainments ..	18	7	0
Christmas Expenditure ..	37	12	6
Loan to Canteen Account ..	540	0	0
Post Office Savings Bank ..	18	8	6
Patients' Social Club ..	51	18	6
Miscellaneous Expenditure ..	13	10	0
Cheque Book ..		10	0
Balance ..	106	11	9
	£857	13	8

Investments at Cost and Loans.

	£	s.	d.
4% Consolidated Loan ..	24	17	0
3½% War Loan ..	308	3	6
Post Office Savings Bank ..	296	0	3
Loan to Canteen Account ..	540	9	0
	£1269	0	9

JOSHUA CARSE }  
E. C. ENGLAND }

Trustees.

31st March, 1948.





